PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Sep 21, 1999 8:00 am Secretary of State

09-21-1999 90004 002 *1,100.00

1999 **DOCUMENT #**

850068

RUSSELL CORPORATION

·										i (11) bibli 19		(8
Principal Place of Business Mailing Address									3 (40)01 (41)4 (41)1 (41)	· · · · · · · · · · · · · · · · · · ·	,, o.e., o.e.,	
755 LEE STREET P.O. BOX 272												
P.O. BOX 272		755 LEE STREET					DO NOT WEITE	IN THE C	DACE			
ALEXANDER C		ALEXANDER CITY AL 35010					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
US US									**			
					_				08/17/1981		- T T 	
2. Principal P	<u> </u>	2a. Mailing Address					4. FEI Number Applied For					
21 3.							63-0180720	Not Applicable \$8.75 Additional				
Suite, Apt.	Suite	Suite, Apt. #, etc.					5. Certificate of Status Desired		•			
22 Si		27 Suite 1600								equired		
	City & State				City & State				6. Election Campaign Financing \$5.00 May Be			
23 A1	Atlanta, Georgia			28 Atlanta, Georgia					Trust Fund Contribution L. Added to Fees			
Zip		Country	`	Zip Cou			′		8. This corporation owes the current			٦.,
24 30	30339 25 US			29 30.339 30 US					Intangible Personal Property. Yas No			
Name and Address of Current Registered Agent									10. Name and Address of New Re-	gistered Ag	jent	
0.00	DDOD471011	ACD 100 AOLIDAN	,			81	Na	ame				
CORPORATION SERVICE COMPANY						82	St	reet Addres	ess (P.O. Box Number is Not Acceptable)			
1201 HAYS STREET												
TAL	LAHASSEE	FL 32301-2525				83						
						84	-				85 Zip	Code
						04	Ci	ıy		FL		0000
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.												
SIGNATURE	Signature, typed o	or printed name of registered ager	it and title if applic	able.	(NOTE:	Registered /	gent s	gnature require	ed when reinstating)	DATE		
12.		OFFICERS AN				13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	ORS IN 12
TITLE	D			DELE	TE	1.1 TITLE		Dr	resident and Director	_ <u> </u>	Change	Addition
NAME	WARD, JO	OHN F		_		1.2 NAME	1	1		_		
STREET ADDRESS	STREET ADDRESS 755 LEE ST			1.3 ST					ohn F. Ward			
CITY-ST-ZIP	ALEVANDED OFFI AL OCCO			1.4 C					350 Riverwood Pkwy, Suite 1600			
TITLE	D	Cit OI 11, 712 00000		X DELE	TF	2.1 TITLE		At	lanta, GA 30339		Change	Addition
NAME	_	HEDOCHEI M		LAN OLLI	.1-	2.2 NAME						_
	BLOOM, HERSCHEL M. 755 LEE ST			2.3 \$. TUUE	F99				
(ALEVANDED OFFI AL COCCO				1							
CITY-ST-ZiP		EN CITT, AL 00000				2.4 CITY-S 3.1 TITLE	1-21	Soc	cretary		Change	Addition
TITLE	S	NO OTENE D		DELE	:IE	3.2 NAME	٠,		oyd G. Hoffman	_	_ Change	Addison
NAME		ND, STEVE R.									- 00	
STREET ADDRESS	755 LEE					3.3 STREE			0 Riverwood Pkwy, St	lite 16	500	
CITY-ST-ZIP		er city al		_		3.4 CITY-S	T-ZIP	Atı	anta, Georgia 30339		7 01	
TITLE	PCD			DELE	TE	4.1 TITLE				L	Change	Addition
NAME	ADAMS,				:	4.2 NAME						
STREET ADDRESS	755 LEE					4.3 STREE	ADDA	ESS				
CITY-ST-ZiP	ALEXAND	<u>er city al</u>				4.4 CITY-S	T-ZIP				T	
TITLE				L DELE	TE	5.1 TITLE				L	Change	Addition
NAME						5.2 NAME						
STREET ADDRESS						5.3 STREE	T ADDF	ESS				
CiTY-ST-ZIP						5.4 CITY-S	T₊ZIP					
TITLE				DELE	TE	6.1 TITLE			•		Change	Addition
NAME						6.2 NAME						
STREET ADDRESS						6.3 STREE	T ADDF	ESS				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE: