FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **851572** **(8)**

1. Corporation Name
HANSCOMB ASSOCIATES, INC.

Principal Place of Business
435 NORTH LA SALLE STREET
CHICAGO IL 60610

Mailing Address
1175 PEACHTREE ST NE
STGE 1650
ATLANTA GA 30309
US

3. Date Incorporated or Qualified: 01/12/1982
3a. Date of Last Report: 04/18/1995

2. Principal Place of Business
21 1175 Peachtree St NE
Suite, Apt. #, etc.
22 Suite 1650
City & State
23 Atlanta GA
Zip 24 30309
Country 25 U.S.A.

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29
Country 30

4. FEI Number: 36-2936187 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
LANCELOT, TONY R
2500 MAITLAND CTR PKWY
STE 311
MAITLAND FL 32751

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when remitting) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	☒ DELETE
NAME	MORRIS, MICHAEL R.	
STREET ADDRESS	1600 DUKE ST.,#600	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	SDV	☐ DELETE
NAME	VALLANCE, ANTHONY P.	
STREET ADDRESS	750 BATTERY ST.	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	PD	☐ DELETE
NAME	BOWEN, BRIAN	
STREET ADDRESS	1175 PEACHTREE ST NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DVT	☐ DELETE
NAME	LANCELOT, TONY R.	
STREET ADDRESS	2500 MAITLAND CTR PKWY	
CITY-ST-ZIP	MAITLAND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DV	☐ Change ☒ Addition
5.2 NAME	Wade, Phil	
5.3 STREET ADDRESS	2067 Massachusetts Avenue	
5.4 CITY-ST-ZIP	Cambridge, MA 02140	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Tony R. Lancelot — Tony R. Lancelot — February 26 1996 — 401875 0707.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)