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 # 854552 (7)

1. Corporation Name

W. H. SMITH NEWS AND GIFT SHOPS INC

Principal Place of Business	Mailing Address
3200 WINDY HILL ROAD STE 1500 WEST TOWER ~~MARIETTA GA 30339~~ US	3200 WINDY HILL ROAD STE 1500 WEST TOWER ~~MARIETTA GA 30339~~ US

3. Date Incorporated or Qualified: **11/01/1982**

3a. Date of Last Report: **06/13/1995**

4. FEI Number: **58-1123802** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Atlanta	City & State 28 Atlanta
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1504, 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 of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	MCNAMARA, RICHARD J.		1.2 NAME		
STREET ADDRESS	3200 WINDY HILLARD STE 1500 W TOWER		1.3 STREET ADDRESS		
CITY-ST-ZIP	~~MARIETTA GA~~		1.4 CITY-ST-ZIP	Atlanta	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	HANCOCK, JOHN M.		2.2 NAME		
STREET ADDRESS	3200 WINDY HILL RD., STE 1500 WEST TOWER		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~MARIETTA GA~~		2.4 CITY-ST-ZIP	Atlanta	
TITLE	CEO	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	HANCOCK, JOHN M.		3.2 NAME		
STREET ADDRESS	3200 WINDY HILL RD., STE 1500 WEST TOWER		3.3 STREET ADDRESS		
CITY-ST-ZIP	~~MARIETTA GA~~		3.4 CITY-ST-ZIP	Atlanta	
TITLE	TCFO	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	LINK, RICHARD J.		4.2 NAME		
STREET ADDRESS	3200 WINDY HIL RD. STE 1500 WEST TOWER		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~MARIETTA GA~~		4.4 CITY-ST-ZIP	Atlanta	
TITLE		☐ DELETE	5.1 TITLE	Pres / Director	☐ Change ☒ Addition
NAME			5.2 NAME	Walker Stephen	
STREET ADDRESS			5.3 STREET ADDRESS	3200 Windy Hill Rd. Suite 1500 West Tower	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Atlanta, GA 30339	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: [signature] Treasurer 4/18/96 (770)933-3519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #