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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Moore

Secretary of State

DIVISION OF CORPORATIONS

1996-1997

B-39570

DOCUMENT # 857587

(0)

1. Corporation Name

CROW-TERWILLIGER COMPANY

Principal Place of Business

2859 PACES FERRY ROAD
SUITE 1400
ATLANTA GA 30339-5701

Mailing Address

2859 PACES FERRY ROAD
SUITE 1400
ATLANTA GA 30339-5701

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

24

25

29

Country

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES STREET
STE - 105
TALLAHASSEE FL 32301

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 signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DP

TERWILLIGER, J. RONALD

2859 PACES FERRY RD., STE. 1400
ATLANTA GA 30339

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DVP

CROW, TRAMMELL S

2001 ROSS AVE., STE. 3500
DALLAS TX 75201

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DVPT

PACE, RANDY J

717 N. HARWOOD, STE. 1200
DALLAS TX 75201

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP

BRYANT, BRADLEY D

6400 CONGRESS AVE., STE. 2000
BOCA RATON FL 33487

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VPAS

ELWELL, DAVID J

2859 PACES FERRY RD., STE. 1400
ATLANTA GA 30339

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VPAS

BANKS, MARVIN R JR.

2859 PACES FERRY RD., STE. 1400
ATLANTA GA 30339

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-96

Date

770-801-1605

Daytime Phone #

CR2E034 (12/95)