

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 30339-5758**

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>08/30/1983</b>   | 3a. Date of Last Report<br><b>04/19/1996</b>           |
| 4. FEI Number<br><b>58-1357939</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM INC  
1201 HAYES STREET  
STE - 105  
TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                 |                                 |  |
|-----------------|---------------------------------|--|
| TITLE           | DP                              | <input type="checkbox"/> DELETE            |
| NAME            | TERWILLIGER, J. RONALD          |  |
| STREET ADDRESS  | 2859 PACES FERRY RD., STE. 1400 |  |
| CITY - ST - ZIP | ATLANTA GA 30339                |  |
| TITLE           | DVP                             | <input checked="" type="checkbox"/> DELETE |
| NAME            | CROW, TRAMMELL S                |  |
| STREET ADDRESS  | 2001 ROSS AVE., STE. 3500       |  |
| CITY - ST - ZIP | DALLAS TX 75201                 |  |
| TITLE           | DVPT                            | <input type="checkbox"/> DELETE            |
| NAME            | PACE, RANDY J                   |  |
| STREET ADDRESS  | 717 N. HARWOOD, STE. 1200       |  |
| CITY - ST - ZIP | DALLAS TX 75201                 |  |
| TITLE           | VP                              | <input type="checkbox"/> DELETE            |
| NAME            | BRYANT, BRADLEY D               |  |
| STREET ADDRESS  | 6400 CONGRESS AVE., STE. 2000   |  |
| CITY - ST - ZIP | BOCA RATON FL 33487             |  |
| TITLE           | VPAS                            | <input type="checkbox"/> DELETE            |
| NAME            | ELWELL, DAVID J                 |  |
| STREET ADDRESS  | 2859 PACES FERRY RD., STE. 1400 |  |
| CITY - ST - ZIP | ATLANTA GA 30339                |  |
| TITLE           |                                 | <input type="checkbox"/> DELETE            |
| NAME            |                                 |  |
| STREET ADDRESS  |                                 |  |
| CITY - ST - ZIP |                                 |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                              |  |
|---------------------|------------------------------|--|
| 1.1 TITLE           | DVP                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME            | CROW, HARLAN R.              |  |
| 1.3 STREET ADDRESS  | 2001 ROSS AVE., STE 3500     |  |
| 1.4 CITY - ST - ZIP | DALLAS, TX 75201             |  |
| 2.1 TITLE           | Assistant Secretary          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME            | MARY VIRGINIA SMITH          |  |
| 2.3 STREET ADDRESS  | 2859 PACES FERRY RD STE 1400 |  |
| 2.4 CITY - ST - ZIP | ATLANTA GA 30339             |  |
| 3.1 TITLE           |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                              |  |
| 3.3 STREET ADDRESS  |                              |  |
| 3.4 CITY - ST - ZIP |                              |  |
| 4.1 TITLE           |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                              |  |
| 4.3 STREET ADDRESS  |                              |  |
| 4.4 CITY - ST - ZIP |                              |  |
| 5.1 TITLE           |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                              |  |
| 5.3 STREET ADDRESS  |                              |  |
| 5.4 CITY - ST - ZIP |                              |  |
| 6.1 TITLE           |                              | <input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: David J. Elwell VP 1-15-97 770-801-1600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)