

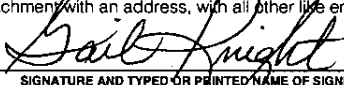


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90013 012 ****61.25

DOCUMENT # F01000001086					
1. Entity Name AIRPORT COMMERCE CENTER ASSOCIATES, INC.					
Principal Place of Business ATTN : GAIL KNIGHT 3424 PEACHTREE ROAD, N.E., SUITE 800 ATLANTA, GA 32326			Mailing Address ATTN : GAIL KNIGHT 3424 PEACHTREE ROAD, N.E., SUITE 800 ATLANTA, GA 32326		
2. Principal Place of Business		3. Mailing Address		<div style="font-size: 24px; font-weight: bold;">94024233</div> 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02182004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 58-5283148	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PTD		TITLE	PTD	
NAME	ALBERTSON, MARK A. <input type="checkbox"/> Delete		NAME	ALBERTSON, MARK A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	101 ARCH STREET		STREET ADDRESS	1 INTERNATIONAL PLACE, 13TH FL	
CITY-ST-ZIP	BOSTON, MA 02110		CITY-ST-ZIP	BOSTON, MA 02110-4101	
TITLE	V		TITLE	VS	
NAME	FORTH, WILLIAM R <input checked="" type="checkbox"/> Delete		NAME	O'DELL, CHRISTOPHER L. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	3424 PEACHTREE ROAD, N.E., SUITE 800		STREET ADDRESS	1585 BROADWAY	
CITY-ST-ZIP	ATLANTA, GA 30326		CITY-ST-ZIP	NEW YORK, NY 10036-8293	
TITLE	S		TITLE	VAS	
NAME	MCKEAN, THOMAS A. <input checked="" type="checkbox"/> Delete		NAME	NEWMARK, DEBBIE J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3424 PEACHTREE ROAD, N.E., SUITE 800		STREET ADDRESS	3424 PEACHTREE RD., NE, STE. 800	
CITY-ST-ZIP	ATLANTA, GA 32326		CITY-ST-ZIP	ATLANTA, GA 30326	
TITLE	V		TITLE	AS	
NAME	NEWMARK, DEBBIE J <input type="checkbox"/> Delete		NAME	KNIGHT, GAIL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	3424 PEACHTREE ROAD, N.E., SUITE 800		STREET ADDRESS	3424 PEACHTREE RD., NE, STE. 800	
CITY-ST-ZIP	ATLANTA, GA 30326		CITY-ST-ZIP	ATLANTA, GA 30326	
TITLE	D		TITLE		
NAME	BARAG, JERROLD <input checked="" type="checkbox"/> Delete		NAME		
STREET ADDRESS	3424 PEACHTREE ROAD, N.E., SUITE 800		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 32326		CITY-ST-ZIP		
TITLE	D		TITLE		
NAME	MILLS, E. NELSON <input checked="" type="checkbox"/> Delete		NAME		
STREET ADDRESS	3424 PEACHTREE ROAD, N.E., SUITE 800		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30326		CITY-ST-ZIP		
12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Gail Knight 02/17/04 404-846-1300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		