2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2002
Secretary of State

DOCUMENT# F01000004598

Entity Name: OMNICORP KAPPA XIII, INC.

Current Principal Place of Business:

1300 PARKWOOD CIRCLE STE 400
ATLANTA, GA 30339

New Principal Place of Business:

Current Mailing Address:

1300 PARKWOOD CIRCLE STE 400
ATLANTA, GA 30339

New Mailing Address:

FEI Number: 58-2646339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: SCOTT JR, ALBERT L
Address: 1300 PARKWOOD CIRCLE, STE 400
City-St-Zip: ATLANTA, GA

Title: V ( ) Delete
Name: BROCK, ALLEN J
Address: 1300 PARKWOOD CIRCLE, STE 400
City-St-Zip: ATLANTA, GA

Title: S ( ) Delete
Name: PERKINS, FLORA D
Address: 1300 PARKWOOD CIRCLE, STE 400
City-St-Zip: ATLANTA, GA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP/S (X) Change ( ) Addition
Name: FIELDS, CAROL A
Address: 1300 PARKWOOD CIRCLE, STE 400
City-St-Zip: ATLANTA, GA

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL FIELDS VP 08/01/2002

Electronic Signature of Signing Officer or Director Date