

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

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AND
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1997 FEB 12 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F02576 (9)

1. Corporation Name
SAVILL/SANDERLIN HOLDING COMPANY, INC.

Principal Place of Business FDIC-100 COLONY SQ. BOX 68, STE 2300 ATLANTA GA 30361	Mailing Address FDIC-100 COLONY SQ. BOX 68, STE 2300 ATLANTA GA 30301-0068
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2. Principal Place of Business 21 7 FDIC 1201 W. Peachtree ST., N.E. Suite, Apt. #, etc. 22 Suite 1800 City & State 23 Atlanta, GA Zip 24 30309	2a. Mailing Address 26 7 FDIC 1201 W. Peachtree St., N.E. Suite, Apt. #, etc. 27 Suite 1800 City & State 28 Atlanta, GA Zip 29 30309	30 Fulton
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3. Date Incorporated or Qualified 10/10/1980	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2030433	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 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	

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name 000002085610--0
-02/12/97--01099--003
82 Street Address (P.O. Box Number is N/A) ***165.00 ***165.00
83 000002085610--0
-02/12/97--01099--004
84 City *****8.75 FL *****8.75

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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	CHANDLER, SCOTT W
STREET ADDRESS	FDIC-100 COLONY SQ. BOX 68, STE 2300
CITY-ST-ZIP	ATLANTA GA 30361
TITLE	DVAS <input type="checkbox"/> DELETE
NAME	RAY, PATRICIA J
STREET ADDRESS	FDIC-100 COLONY SQ. BOX 68, STE 2300
CITY-ST-ZIP	ATLANTA GA 30361
TITLE	DVAS <input type="checkbox"/> DELETE
NAME	FARRELL, CHARLES P
STREET ADDRESS	FDIC-100 COLONY SQ. BOX 68, STE 2300
CITY-ST-ZIP	ATLANTA GA 30361
TITLE	DST <input type="checkbox"/> DELETE
NAME	ROSSETTI, JOHN P
STREET ADDRESS	FDIC-100 COLONY SQ. BOX 68, STE 2300
CITY-ST-ZIP	ATLANTA GA 30361
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1201 W. Peachtree St., N.E., Suite 1800
1.4 CITY-ST-ZIP	Atlanta, Ga 30309
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1201 W. Peachtree St., N.E., Suite 1800
2.4 CITY-ST-ZIP	Atlanta, GA 30309
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1201 W. Peachtree St., N.E., Suite 1800
3.4 CITY-ST-ZIP	Atlanta, GA 30309
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1201 W. Peachtree St., N.E., Suite 1800
4.4 CITY-ST-ZIP	Atlanta, GA 30309
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 _____ 1/28/97

CR2E034 (9/96)