FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

APPROVED AND FILED
96 MAY -1 AM 10: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F22655 (7)

1. Corporation Name

H.M.F. INVESTMENTS, INC.

Principal Place of Business	Mailing Address
245 PEACHTREE CENTER AVE. 1100 ATLANTA GA 30303 US	245 PEACHTREE CENTER AVE. 1100 ATLANTA GA 30303 US

2. Principal Place of Business
21 FDIC- 100 Colony Sq. Box 68
22 Suite, Apt. #, etc. 2300
23 City & State: Atlanta, GA
24 Zip: 30361 25 Country: USA

2a. Mailing Address
26 FDIC - 100 Colony Sq.
27 Suite, Apt. #, etc. Box 68, Ste 2300
28 City & State: Atlatna, GA.
29 Zip: 30361 30 Country: USA

3. Date Incorporated or Qualified: 03/10/1981
3a. Date of Last Report: 04/07/1995
4. FEI Number: 59-2142124 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

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

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 ______
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

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12. **OFFICERS AND DIRECTORS**

TITLE	DP	☒ DELETE
NAME	CORRIGAN, RICHARD	
STREET ADDRESS	245 PEACHTREE CENTER AVE, STE 1100	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DVAS	☐ DELETE
NAME	CHANDLER, DEBORAH	
STREET ADDRESS	245 PEACHTREE CENTER AVE, STE 1100	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DST	☐ DELETE
NAME	BARIGANIER, J.MICHAEL	
STREET ADDRESS	245 PEACHTREE CENTER AVE, STE 1100	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VPAS	☐ DELETE
NAME	HAACK, FAYE O	
STREET ADDRESS	245 PEACHTREE CENTER AVE., SUITE 1100	
CITY-ST-ZIP	ATLANTA GA 30303	
TITLE	VPAS	☐ DELETE
NAME	MILTON, SANDRA	
STREET ADDRESS	245 PEACHTREE CENTER AVE., SUITE 1100	
CITY-ST-ZIP	ATLANTA GA 30303	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	D/P	☒ Change ☒ Addition
1.2 NAME	Charles P. Farrell, Jr.	
1.3 STREET ADDRESS	100 Colony Sq. Box 68 Ste. 2300	
1.4 CITY-ST-ZIP	Atlanta, GA. 30361	
2.1 TITLE	D/VP/AS	☒ Change ☒ Addition
2.2 NAME	Patricia J. Ray	
2.3 STREET ADDRESS	100 Colony Sq. Box 68 Ste. 2300	
2.4 CITY-ST-ZIP	Atlanta, Ga. 30361	
3.1 TITLE	D/S/T	☒ Change ☒ Addition
3.2 NAME	John P. Rossetti	
3.3 STREET ADDRESS	100 Colony Square, Box 68 Ste. 2300	
3.4 CITY-ST-ZIP	Atlanta, Ga. 30361	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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: Charles P Farrell Jr 4-18-96 404 870 7010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Charles P. Farrell, Jr. - President