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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F62657** (4)  
1. Corporation Name  
**SUNDIAL GROUP, INC.**



Principal Place of Business <b>100 COLONY SQ BOX 68 STE 2200 ATLANTA GA 30361 US</b>	Mailing Address <b>100 COLONY SQ BOX 68 STE 2200 ATLANTA GA 30361-6206 US</b>
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2. Principal Place of Business 21 <b>1201 W. Peachtree ST., N.E.</b> Suite, Apt. #, etc. 22 <b>Suite 1800</b> City & State 23 <b>Atlanta, GA</b> Zip 24 <b>30309</b>	2a. Mailing Address 26 <b>1201 W. Peachtree St., N.E.</b> Suite, Apt. #, etc. 27 <b>Suite 1800</b> City & State 28 <b>Atlanta, GA</b> Zip 29 <b>30309</b> Country 30 <b>Fulton</b>
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3. Date Incorporated or Qualified <b>01/11/1982</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2172738</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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 <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent 81 Name <b>400002085644--5</b> 82 Street Address (P.O. Box Number is 1002200000000000) <b>-02/12/97-01089-013</b> <b>*****8.75 *****8.75</b> 83 <b>400002085644--5</b> 84 City <b>-02/12/97-01089-013</b> <b>*****165.00 *****165.00</b>	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LOCKWOOD, LAWRENCE W 100 COLONY SQ BOX 68 ATLANTA GA 30361</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1201 W. Peachtree St., N.E., Suite 1800 Atlanta, GA 30309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPS RAY, PATRICIA 100 COLONY SQ BOX 68 ATLANTA GA 30361</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VP/AS/D 1201 W. Peachtree St., N.E., Suite 1800 Atlanta, GA 30309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPS FARRELL, CHARLES P JR 100 COLONY SQ BOX 68 ATLANTA GA 30361</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAST CORRIGAN, RICHARD 100 COLONY SQ BOX 68 ATLANTA GA 30361</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>AS/AT/D 1201 W. Peachtree St., N.E., Suite 1800 Atlanta, GA 30309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST ROSSETTI, JOHN P 100 COLONY SQ BOX 68 ATLANTA GA 30361</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1201 W. Peachtree St., N.E., Suite 1800 Atlanta, GA 30309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lawrence W. Lockwood 1-29-97 (404) 817-2569

CR2E034 (9/96)