2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 AM
Secretary of State

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Entity Name: MARK C. POPE ASSOCIATES, INC.

Current Principal Place of Business:

4910 MARTIN COURT
SMYRNA, GA 30082 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1517
SMYRNA, GA 300811517 US

New Mailing Address:

FEI Number: 58-1020746 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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: PDC ( ) Delete
Name: JOSEY, STEPHEN L.
Address: 4779 OLD TIMBER RIDGE RD
City-St-Zip: MARIETTA, GA

Title: VTD ( ) Delete
Name: GRETZINGER, KARL
Address: 3250 BRANDYWINE PL
City-St-Zip: MARIETTA, GA

Title: SD ( ) Delete
Name: STRAFER, BARBARA G
Address: 4026 RIDGE ROAD
City-St-Zip: SMYRNA, GA 30080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: BARBARA G. STRAFER SD 01/30/2002

Electronic Signature of Signing Officer or Director Date