FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 8:31

DOCUMENT # **F93000000212 (1)**

1. Corporation Name
ENTERPRISE CAPITAL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1200 ASHWOOD PARKWAY, SUITE 290 ATLANTA GA 30338	1200 ASHWOOD PARKWAY, SUITE 290 ATLANTA GA 30338
3343 Peachtree Rd., N.E. East Tower, Suite 450	3343 Peachtree Rd., N.E. East Tower, Suite 450
21 Atlanta GA 30326	26 Atlanta GA 30326
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/08/1993
3a. Date of Last Report: 04/06/1994
4. FEI Number: 58-1660289 ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

8. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	1.1 TITLE		☐ Change ☐ Addition
NAME	UGOLYN, VICTOR	1.2 NAME		
STREET ADDRESS	17 CARDINAL COURT	1.3 STREET ADDRESS		
CITY-ST-ZIP	RIDGEFIELD CT 06877	1.4 CITY-ST-ZIP		
TITLE	~~XPD~~	2.1 TITLE		☐ Change ☐ Addition
NAME	HALL, LEILANI S	2.2 NAME		
STREET ADDRESS	1870 LITTLE WILLEO ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA 30068	2.4 CITY-ST-ZIP		
TITLE	AS	3.1 TITLE	VP/T	☐ Change ☒ Addition
NAME	WILLIAMSON, HERBERT M	3.2 NAME		
STREET ADDRESS	245 PEBBLE TRAIL	3.3 STREET ADDRESS		
CITY-ST-ZIP	ALPHARETTA GA	3.4 CITY-ST-ZIP	30201	
TITLE	D	4.1 TITLE	SVP/S	☒ Change ☐ Addition
NAME	MCCLELLAN, CATHERINE R	4.2 NAME		
STREET ADDRESS	744 SHERWOOD	4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	30324	
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	HALL, LINDA	5.2 NAME		
STREET ADDRESS	1184 SALISBURY TRAIL	5.3 STREET ADDRESS		
CITY-ST-ZIP	RIVERDALE GA	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: Catherine R McClellan 3/6/95 404/261-1116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone number

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