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Apr 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000000394 (7)

1. Corporation Name

THE VAULT COMPANY OF GEORGIA

Principal Place of Business

6111 LIVE OAK PARKWAY  
NORCROSS GA 30093

Mailing Address

6111 LIVE OAK PARKWAY  
NORCROSS GA 30093

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	400 N. MICHIGAN AVENUE	26	400 N. MICHIGAN AVENUE	01/27/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	SUITE 610	27	SUITE 610	58-1393207	
City & State		City & State		Applied For	
23	CHICAGO, IL	28	CHICAGO, IL	Not Applicable	
24	60611	29	60611	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25	US	30	US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
85	Zip Code

FL

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	VP
NAME	HOLLMAN, DOUGLAS A	1.2 NAME	
STREET ADDRESS	6111 LIVE OAK PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA 30093	1.4 CITY-ST-ZIP	
TITLE	VSTD	2.1 TITLE	PD
NAME	GUNDERSON, CHAD B	2.2 NAME	RONALD J. HARPER
STREET ADDRESS	400 N. MICHIGAN AVE., STE. 610	2.3 STREET ADDRESS	6111 LIVE OAK PARKWAY
CITY-ST-ZIP	CHICAGO IL 60611-4102	2.4 CITY-ST-ZIP	NORCROSS, GA 30093
TITLE	CD	3.1 TITLE	CEOD
NAME	FERGUSON, DAVID C	3.2 NAME	ROBERT J. ANDERSON
STREET ADDRESS	400 N. MICHIGAN AVE., STE. 610	3.3 STREET ADDRESS	400 N. MICHIGAN AVENUE
CITY-ST-ZIP	CHICAGO IL 60611-4102	3.4 CITY-ST-ZIP	CHICAGO, IL 60611
TITLE		4.1 TITLE	STD
NAME		4.2 NAME	DAVID J. WEBSTER
STREET ADDRESS		4.3 STREET ADDRESS	400 N. MICHIGAN AVENUE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CHICAGO, IL 60611
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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

DAVID J. WEBSTER 3/23/98

312-236-2222

CR2E034 (10/97)