FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003027 (0)

TVC ACQUISITION CORP. ONE

Principal Place	e of Business	Mailing Address			- HOUNDO AND TOTAL THAN BOAN OBTAL BONA BURNE HAVE OBTAL LOCAL PORT					
6111 LIVE OAK PARKWAY NORCROSS GA 30093			6111 LIVE OAK PARKWAY NORCROSS GA 30083-1722							
						3. Date Incorporated or Qualified 06/30/1993	1	ate of Last F /28/1996	Report	
2. Principal Pr	race of Business	2a. Mailing Address	·· · · · · · · · · · · · · · · · · · ·			4. FEI Number			pplied For	
21		26				58-2054928			ot Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired	
City & State	0	City & State				Election Campaign Financing Trust Fund Contribution			May Be	
23 Zip	Country	Zip	Cour	ntry		8. This corporation has liability for	intangible	e tax under s	to Fees s. 199.032,	
24	25	29	30				Yes			
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Re	gistered	Agent		
	CORPORATION SYSTEM				TYDITIE					
) South Pine Island Road NTATION FL 33324		l	82	Street Addr	ess (P.O. Box Number is Not Acceptat	ile)			
				83	'				***************************************	
•	•			64	City		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Statu	utes, the ab	ove	-named corp	oration submits this statement for the p	ourpose o	of changing i	its registered	
office or n agent 1 a	eg stered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida. Such change was pations of, Section 607,0505. F	authorized Jorida Statu	i by ites	the corporati	ion's board of directors. I hereby accept	ot the app	pointment as	registered	
SIGNATURE		,								
	Signature, typical or printed name of registered a	· · · · · · · · · · · · · · · · · · ·)TE Registered	Age	int signature requir	ed when reinstating)	DATE			
12.	OFFICERS AT	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AN			
TILLE	P	DELETE	1.1 TITI					Change	Addition	
NAME	HOLLMAN, DOUGLAS		1.2 NAI							
SHEEFT ADORESS	6111 LIVE OAK PARKWAY				ADDRESS					
CITY-ST ZIP TITLE	NORCROSS GA 30093 VST	DELETE	1.4 CiT 2.1 TiTi		T-ZIP	***************************************		Change	Addition	
NAME	GUNDERSON, CHAD	hand Direction	2 2 NAI					L. Onange	Addition	
STREET ADURESS	400 N. MICHIGAN AVE., SUIT	F 610			ADDRESS					
Offy-S1-ZIP	CHICAGO IL 60611-4102	2010	2 4 01							
TUHF	C	☐ DELETE	3.1 TITI		?:- <u>-</u> :			☐ Change	Addition	
NAMŁ	FERGUSON, DAVID C		3.2 NAI	ME						
STREET ADORESS	400 N. MICHIGAN AVE., SUIT	E 610	3 3 STF	REET	ADDRESS					
City-St-2iF	CHICAGO IL 60611-4102		3.4. Ci1	IY-S	ST - ZIP					
TIFLE		L DELETE	4.1 Titt	ĹΕ				Change	Addition	
NAME			4. 2 NA	ME						
STREET ADDRESS			4.3 STF	REET	ADDRESS					
CITY-ST-7IP	المستخد المستخدم الم المستخدم المستخدم المستخدم المستخدم المستخدم المستخدم المستخدم	I DELETE	4.4 CIT	******	T-ZIP			Choses	A matrices	
Did		L DELETE	5.1 TITI 5.2 NAI					Change	L.] Addition	
NAME CTACK CARCINGS					ADDRESS					
STREET ADDRESS OITY-ST ZIP										
Tillef		☐ DELETE	5.4 C/T 6.1 T/T/		1-21-			☐ Change	☐ Addition	
NAME			6.2 NAI							
STEELT ADDRESS					ADDRESS					
OTY-ST-7P			6.4 CIT	Y-\$1	T - ZIP					
14. Loo herel	by certify that the information suppli-	ed with this filing does not qua	lify for the e	exe	mption stated	fin Section 119.07(3)(i), Florida Statute my signature shall have the same lega	s. I furthe	or certify that	the	
Lam an ol		or the receiver or trustee empo	wered to ex			t as required by Chapter 607, Florida S				

ne Martin Controller 2/7/97 (270) 246-0345