

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

**FILED**  
**Apr 18 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000003092 (4)**  
 1. Corporation Name  
**POST SERVICES, INC.**



Principal Place of Business <b>3350 CUMBERLAND CIRCLE, N.W., SUITE 2200          ATLANTA GA 30339</b>	Mailing Address <b>3350 CUMBERLAND CIRCLE, N.W., SUITE 2200          ATLANTA GA 30339-3340</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>07/06/1993</b>	3a. Date of Last Report <b>04/26/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>58-2056774</b>	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
B3	
B4 City	

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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PT GLOVER, JOHN T.</b>	12 NAME	
STREET ADDRESS	<b>3350 CUMBERLAND CIRCLE, STE 2200</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA 30339</b>	14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SVP PETERSON, TIMOTHY A.</b>	22 NAME	
STREET ADDRESS	<b>3350 CUMBERLAND CIRCLE, STE 2200</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA 30339</b>	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D BLANK, ARTHUR M.</b>	32 NAME	
STREET ADDRESS	<b>3350 CUMBERLAND CIRCLE, STE 2200</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA 30339</b>	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>C WILLIAMS, JOHN A</b>	42 NAME	
STREET ADDRESS	<b>3350 CUMBERLAND CIRCLE, N.W., SUITE 2200</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA 30339</b>	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D BLOOM, HERSCHEL M.</b>	52 NAME	
STREET ADDRESS	<b>3350 CUMBERLAND CIRCLE, STE 2200</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA 30339</b>	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S COHEN, SHERRY W</b>	62 NAME	
STREET ADDRESS	<b>3350 CUMBERLAND CIRCLE, N.W., SUITE 2200</b>	63 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA 30339</b>	64 CITY-ST-ZIP	

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: *Sherry W Cohen* DATE: **3/21/97** TELEPHONE: **770-850-4400**

CR2E034 (9/96)