FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # F93000003093 (2)

1. Corporation Name

RAM Partners, Inc.

Principal Place of Business	Mailing Address
3350 Cumberland Circle Suite 2200 Atlanta, GA 30339	3350 Cumberland Circle Suite 2200 Atlanta, GA 30339

3. Date Incorporated or Qualified: 7/6/93

3a. Date of Last Report: 5/1/95

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

4. FEI Number: 58-2056776 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT 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 filed on paper.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Martha J. Logan		1.2 NAME	
STREET ADDRESS	3350 Cumberland Circle, Suite 2200		1.3 STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30339		1.4 CITY-ST-ZIP	
TITLE	Treasurer	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Judy M. Denman		2.2 NAME	
STREET ADDRESS	3350 Cumberland Circle, Suite 2200		2.3 STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30339		2.4 CITY-ST-ZIP	
TITLE	Secretary	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Sherry W. Cohen		3.2 NAME	
STREET ADDRESS	3350 Cumberland Circle, Suite 2200		3.3 STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30339		3.4 CITY-ST-ZIP	
TITLE	Chairman / Director	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	John A. Williams		4.2 NAME	
STREET ADDRESS	3350 Cumberland Circle, Suite 2200		4.3 STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30339		4.4 CITY-ST-ZIP	
TITLE	Vice Chairman / Director	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	John T. Glover		5.2 NAME	
STREET ADDRESS	3350 Cumberland Circle, Suite 2200		5.3 STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30339		5.4 CITY-ST-ZIP	
TITLE	Vice Chairman	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	Jeffery A. Harris		6.2 NAME	
STREET ADDRESS	3350 Cumberland Circle, Suite 2200		6.3 STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30339		6.4 CITY-ST-ZIP	

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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: Sherry W Cohen Sherry W. Cohen , Secretary (770) 850-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone Number