

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

FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 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 3350 CUMBERLAND CIRCLE, N.W., SUITE 2200 ATLANTA GA 30339		Mailing Address 3350 CUMBERLAND CIRCLE, N.W., SUITE 2200 ATLANTA GA 30339-3340	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 07/06/1993		3a. Date of Last Report 04/26/1996	
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 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)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P LOGAN, MARTHA J.	1.1 TITLE	☐ Change ☐ Addition
NAME	3350 CUMBERLAND CIRCLE, STE 2200	1.2 NAME	
STREET ADDRESS	ATLANTA GA	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	T DENMAN, JUDY M.	2.1 TITLE	☐ Change ☐ Addition
NAME	3350 CUMBERLAND CIRCLE, STE 2200	2.2 NAME	
STREET ADDRESS	ATLANTA GA	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S COHEN, SHERRY W	3.1 TITLE	☐ Change ☐ Addition
NAME	3350 CUMBERLAND CIRCLE, N.W., SUITE 2200	3.2 NAME	
STREET ADDRESS	ATLANTA GA 30339	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	CD WILLIAMS, JOHN A	4.1 TITLE	☐ Change ☐ Addition
NAME	3350 CUMBERLAND CIRCLE, N.W., SUITE 2200	4.2 NAME	
STREET ADDRESS	ATLANTA GA 30339	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VCD GLOVER, JOHN T	5.1 TITLE	☐ Change ☐ Addition
NAME	3350 CUMBERLAND CIRCLE, N.W., SUITE 2200	5.2 NAME	
STREET ADDRESS	ATLANTA GA 30339	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VC HARRIS, JEFFERY A	6.1 TITLE	☐ Change ☐ Addition
NAME	3350 CUMBERLAND CIRCLE, N.W., SUITE 2200	6.2 NAME	
STREET ADDRESS	ATLANTA GA 30339	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 Cohen

3/21/97

770-850-4400

CR2E034 (9/96)