

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90169 021 ***150.00

DOCUMENT # F93000003093

1. Corporation Name

RAM PARTNERS, INC.

Principal Place of Business

**4401 NORTH-SIDE PKWY., STE. 800
ATLANTA GA 30327**

Mailing Address

**4401 NORTHSIDE PKWY., STE. 800
ATLANTA GA 30327**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1993

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **LOGAN, MARTHA J.**
STREET ADDRESS **3350 CUMBERLAND CIRCLE, STE 2200**
CITY-STATE-ZIP **ATLANTA GA**

TITLE **T** ☐ DELETE
NAME **DENMAN, JUDY M.**
STREET ADDRESS **3350 CUMBERLAND CIRCLE, STE 2200**
CITY-STATE-ZIP **ATLANTA GA**

TITLE **S** ☐ DELETE
NAME **COHEN, SHERRY W**
STREET ADDRESS **3350 CUMBERLAND CIRCLE, N.W., SUITE 2200**
CITY-STATE-ZIP **ATLANTA GA 30339**

TITLE **CD** ☐ DELETE
NAME **WILLIAMS, JOHN A**
STREET ADDRESS **3350 CUMBERLAND CIRCLE, N.W., SUITE 2200**
CITY-STATE-ZIP **ATLANTA GA 30339**

TITLE **VCD** ☐ DELETE
NAME **GLOVER, JOHN T**
STREET ADDRESS **3350 CUMBERLAND CIRCLE, N.W., SUITE 2200**
CITY-STATE-ZIP **ATLANTA GA 30339**

TITLE **VC** ☐ DELETE
NAME **HARRIS, JEFFERY A**
STREET ADDRESS **3350 CUMBERLAND CIRCLE, N.W., SUITE 2200**
CITY-STATE-ZIP **ATLANTA GA 30339**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **Logan, Martha J.**
1.3 STREET ADDRESS **4401 Northside Pkwy., Suite 800**
1.4 CITY-STATE-ZIP **Atlanta, GA 30327**

2.1 TITLE **T** ☒ Change ☐ Addition
2.2 NAME **Fox, R. Gregory**
2.3 STREET ADDRESS **4401 Northside Pkwy., Suite 800**
2.4 CITY-STATE-ZIP **Atlanta, GA 30327**

3.1 TITLE **S** ☒ Change ☐ Addition
3.2 NAME **Cohen, Sherry W.**
3.3 STREET ADDRESS **4401 Northside Pkwy., Suite 800**
3.4 CITY-STATE-ZIP **Atlanta, GA 30327**

4.1 TITLE **CD** ☒ Change ☐ Addition
4.2 NAME **Williams, John A.**
4.3 STREET ADDRESS **4401 Northside Pkwy., Suite 800**
4.4 CITY-STATE-ZIP **Atlanta, GA 30327**

5.1 TITLE **VCD** ☒ Change ☐ Addition
5.2 NAME **Glover, John T.**
5.3 STREET ADDRESS **4401 Northside Pkwy., Suite 800**
5.4 CITY-STATE-ZIP **Atlanta, GA 30327**

6.1 TITLE **VC** ☒ Change ☐ Addition
6.2 NAME **Harris, Jeffery A.**
6.3 STREET ADDRESS **4401 Northside Pkwy., Suite 800**
6.4 CITY-STATE-ZIP **Atlanta, GA 30327**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07, 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, with a letter like empowered.

RAM Partners, Inc.

SIGNATURE: BY: Sherry W. Cohen, Secretary (404) 846-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)