

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000000140 (3)

1. Corporation Name

PEN NOM I CORP.

Principal Place of Business

1150 LAKE HEARN DRIVE
SUITE 400
ATLANTA GA 30342

Mailing Address

1150 LAKE HEARN DRIVE
SUITE 400
ATLANTA GA 30342



3. Date Incorporated or Qualified
01/11/1994

3a. Date of Last Report
05/01/1995

4. FEI Number

13-3127987

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME CHAMBERS, RUFUS JR
STREET ADDRESS 1150 LAKE HEARN DRIVE, SUITE 400
CITY-ST-ZIP ATLANTA GA 30342 ☒ DELETE

1.1 TITLE Director/President ☐ Change ☒ Addition
1.2 NAME William R. Blank
1.3 STREET ADDRESS 1150 Lake Hearn Dr., NE, Suite 400
1.4 CITY-ST-ZIP Atlanta, GA 30342

TITLE VD
NAME WALKER, STEVE L
STREET ADDRESS 1150 LAKE HEARN DRIVE, SUITE 400
CITY-ST-ZIP ATLANTA GA 30342 ☒ DELETE

2.1 TITLE Director/Vice President ☐ Change ☒ Addition
2.2 NAME Vincent L. Crowell
2.3 STREET ADDRESS 1150 Lake Hearn Dr., NE, Suite 400
2.4 CITY-ST-ZIP Atlanta, GA 30342

TITLE T
NAME SNEDEKERR, PATRICIA C
STREET ADDRESS 1150 LAKE HEARN DRIVE, SUITE 400
CITY-ST-ZIP ATLANTA GA 30342 ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S
NAME HARRINGTON, EVELYN T
STREET ADDRESS 1150 LAKE HEARN DRIVE, SUITE 400
CITY-ST-ZIP ATLANTA GA 30342 ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Evelyn T. Harrington, Secretary 3/27/96 404/848-8415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)