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Feb 03 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 30342-1506**

3. Date Incorporated or Qualified **01/11/1994** 3a. Date of Last Report **04/09/1996**

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>	4. FEI Number <b>13-3127987</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Assistant Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BLANK, WILLIAM R</b>		1.2 NAME <b>Douglas L. Brown</b>	
STREET ADDRESS <b>1150 LAKE HEARN DR NE SUITE 400</b>		1.3 STREET ADDRESS <b>1150 Lake Hearn Dr., NE, Suite 400</b>	
CITY-ST-ZIP <b>ATLANTA GA</b>		1.4 CITY-ST-ZIP <b>Atlanta, GA 30342</b>	
TITLE <b>DVP</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CROWELL, VINCENT L</b>		2.2 NAME	
STREET ADDRESS <b>1150 LAKE HEARN DR NE SUITE 400</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>ATLANTA GA</b>		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>T</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SNEDEKERR, PATRICIA C</b>		3.2 NAME	
STREET ADDRESS <b>1150 LAKE HEARN DRIVE, SUITE 400</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>ATLANTA GA 30342</b>		3.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HARRINGTON, EVELYN T</b>		4.2 NAME	
STREET ADDRESS <b>1150 LAKE HEARN DRIVE, SUITE 400</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>ATLANTA GA 30342</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **HARRINGTON, EVELYN T** **1/14/97** **404/848-8617**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0078433**

CP2E037 (9/96)