


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000000140 (3)**

1. Corporation Name

**PEN NOM I CORP.**



Principal Place of Business <b>1150 LAKE HEARN DRIVE SUITE 400 ATLANTA GA 30342</b>	Mailing Address <b>1150 LAKE HEARN DRIVE SUITE 400 ATLANTA GA 30342</b>
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3. Date Incorporated or Qualified <b>01/11/1994</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>13-3127987</b>		

2. Principal Place of Business <b>21 3424 Peachtree Rd, NE</b> Suite, Apt. #, etc. <b>22 Suite 800</b> City & State <b>23 Atlanta, GA</b> Zip <b>24 30326</b> Country <b>25 USA</b>	2a. Mailing Address <b>26 3424 Peachtree Rd, NE</b> Suite, Apt. #, etc. <b>27 Suite 800</b> City & State <b>28 Atlanta, GA</b> Zip <b>29 30326</b> Country <b>30 USA</b>
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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>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DP BLANK, WILLIAM R</b>
STREET ADDRESS	<b>1150 LAKE HEARN DR NE SUITE 400</b>
CITY-ST-ZIP	<b>ATLANTA GA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DVP CROWELL, VINCENT L</b>
STREET ADDRESS	<b>1150 LAKE HEARN DR NE SUITE 400</b>
CITY-ST-ZIP	<b>ATLANTA GA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>T SNEDEKERR, PATRICIA C</b>
STREET ADDRESS	<b>1150 LAKE HEARN DRIVE, SUITE 400</b>
CITY-ST-ZIP	<b>ATLANTA GA 30342</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>S HARRINGTON, EVELYN T</b>
STREET ADDRESS	<b>1150 LAKE HEARN DRIVE, SUITE 400</b>
CITY-ST-ZIP	<b>ATLANTA GA 30342</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>AS BRWON, DOUGLAS L.</b>
STREET ADDRESS	<b>1150 LAKE HEARN DR., NE, SUITE 400</b>
CITY-ST-ZIP	<b>ATLANTA GA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DP William R. Blank</b>
1.3 STREET ADDRESS	<b>3424 Peachtree Rd, NE, Ste. 800</b>
1.4 CITY-ST-ZIP	<b>Atlanta, GA 30326</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DVP Vincent L. Crowell</b>
2.3 STREET ADDRESS	<b>3424 Peachtree Rd, NE, Ste. 800</b>
2.4 CITY-ST-ZIP	<b>Atlanta, GA 30326</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>T Patricia C. Snedeker</b>
3.3 STREET ADDRESS	<b>3424 Peachtree Rd, NE, Ste. 800</b>
3.4 CITY-ST-ZIP	<b>Atlanta, GA 30326</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>S Evelyn T. Harrington</b>
4.3 STREET ADDRESS	<b>3424 Peachtree Rd, NE, Ste. 800</b>
4.4 CITY-ST-ZIP	<b>Atlanta, GA 30326</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>AS Douglas L. Brown</b>
5.3 STREET ADDRESS	<b>3424 Peachtree Rd, NE, Ste. 800</b>
5.4 CITY-ST-ZIP	<b>Atlanta, GA 30326</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: **DOUGLAS L. BROWN** 3/19/98 404-848-8614

CR2E037 (10/97)