

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90019 050 \*\*\*\*61.25

**DOCUMENT # F94000000140** ✓

1. Corporation Name

**PEN NOM I CORP.**

Principal Place of Business

3424 PEACHTREE RD NE  
SUITE 800  
ATLANTA GA 30326  
US

Mailing Address

3424 PEACHTREE RD NE  
SUITE 800  
ATLANTA GA 30326  
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**01/11/1994**

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

9. Name and Address of Current Registered Agent

**CT 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 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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BLANK, WILLIAM R	
STREET ADDRESS	3424 PEACHTREE RD NE STE 800	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	CROWELL, VINCENT L	
STREET ADDRESS	3424 PEACHTREE RD NE STE 800	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SNEDEKER, PATRICIA C	
STREET ADDRESS	3424 PEACHTREE RD NE STE 800	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HARRINGTON, EVELYN T	
STREET ADDRESS	3424 PEACHTREE RD NE STE 800	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, DOUGLAS L	
STREET ADDRESS	3424 PEACHTREE RD NE STE 800	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S
4.3 STREET ADDRESS	Debbie J. Newmark
4.4 CITY-ST-ZIP	3424 Peachtree Rd., NE, Ste. 800 Atlanta, GA 30326
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: *Debbie J. Newmark* **Debbie J. Newmark**

7/8/99

404-848-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)