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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT 1997

Principal Place of Business

8



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Mar 13 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400000425 (8)

RETIREMENT MANAGEMENT CORPORATION

## 8000 LAKE FORREST DR. 600 LAKE FORREST DR. STE, 550 SUITE 550 ATLANTA GA 30328 ATLANTA GA 30328 US. 3. Date Incorporated or Qualified 3a. Date of Last Report 01/27/1994 08/27/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3213688 Not Applicable Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032. 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 81 1201 HAYS ST., #501 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 City 85 Zip Code 117 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 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 (NO1£: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) PD TITLE DELETE 1.1 TITLE Hesident Change Addition ALEXANDER, BRUCE James, J. Andrews 6000 Lake Forced Dr. #200 NAME 1.2 NAME 6000 LAKE FORREST DR., #107 STREET ADDRESS 1.3 STREET ADDRESS ATLANTA GA 30328 City-St-7iP Atlanta GA 30308 1.4 CITY - \$1 - ZIP DELETE 2.1 TITLE Change Addition **BROGDON, CHRISTOPHER F** NAME 22 NAME 6000 LAKE FORREST DR., #107 STREET ADDRESS 2.3 STREET ADDRESS ATLANTA GA 30328 CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE Treasurer/Director Darrell C. Tucker GOOD Lake Forcest Dr. #200 3.1 TITLE Change Addition TUCKER, DARRELL C NAME 3.2 NAME 6000 LAKE FORREST DR., #107 STREET ADDRESS 3.3 STREET ADDRESS ATLANTA GA 30328 CITY-ST-ZIP Atlanta GA 30338 3 4. CITY-ST-ZIP TITLE DELETE secretary, 4.1 TITLE Addition ANDREWS, JEFFREY Philip M' Roes 4. 2 NAME STREET ADDRESS 6000 LAKE FORREST DR., #107 6000 Lake Forrest Dr. +200 4.3 STREET ADDRESS ATLANTA GA 30328 CITY-ST-ZIP Atlanta GA 303398 4.4 CITY-ST-ZIP TITLE DELETE Director 5.1 TITLE Change X Addition Edward E. Lane NAME 5.2 NAME 6000 Lake Forrest Dr. #200 STREET ADDRESS 5.3 STREET ADDRESS Atlanta GA 30328 CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 Tille Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

6.4 CITY-ST-ZIP

46. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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.