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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400000425 (8)

## RETIREMENT MANAGEMENT CORPORATION

Principal Place of Business Mailing Address

8000 LAKE FORREST DR.
8TE. 550
ATLANTA GA 30329

Mailing Address

800 LAKE FORREST DR.
SUITE 550
ATLANTA GA 30328

## FILED May 05 1998 8:00am Secretary of State



STE. 550 ATLANTA GA 30328		SUITE 550 ATLANTA GA 30328	on.	DO NOT WRITE IN THIS S	SPACE
US		US		3. Date Incorporated or Qualified 01/27/1994	
2. Principal l	Place of Business	2a. Mailing Address	/ F=# ·	4. FEI Number	Applied For
21		26		59-3213688	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	le .	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curr	_ ' '
24	25	29	30		Yes No
	9. Name and Address of Cui	<del></del>		10. Name and Address of New Registered	Agent
	ie prentice hall corpora	ATION SYSTEM, INC.	81 Name		
1201 HAYS ST., #501			82 Street	Address (P.O. Box Number is Not Acceptable)	
T/	LLAHASSEE FL 32301		<u></u>	7-21	
			83		
			84 City		85 Zip Code
				FL	
office or agent. I	registered agent, or both, in the Si am familiar with, and accept the ob	tate of Florida. Such change v	as authorized by the corp	corporation submits this statement for the purpose of poration's board of directors. I hereby accept the app	ointment as registered
SIGNATURE	Signature, typed or printed name of registered	d agent and little if applicable	(NOTE: Registered Agent signature	e required when reinstating) DATE	
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	ANDREWS, JAMES J		1.2 NAME		
STREET ADDRESS	6000 LAKE FORREST DR.	<b>#107</b>	1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BROGDON, CHRISTOPHE	RF	2.2 NAME		
STREET ADDRESS	6000 LAKE FORREST DR.	<b>, #1</b> 07	2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30328		2 4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	31 TITLE		Change Addition
NAME	TUCKER, DARRELL C		3.2 NAME		
STREET ADDRESS	6000 LAKE FORREST DR	<b>#</b> 200	3.3 STREET ADDRESS		
City - ST - ZIP	ATLANTA GA		3.4. CITY-ST-ZIP		
TITLE	Ś	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	REES, PHILIP M		4. 2 NAME		
STREET ADDRESS	6000 LAKE FORREST DR	#200	4.3 STREET ADDRESS		
CITY - ST - ZIP	ATLANTA GA		4.4 CITY+ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		Change Addition
NAME	LANE, EDWARD E		5.2 NAME		
STREET ADDRESS	6000 LAKE FORREST DR	<b>#</b> 200	5 3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		•
2.77 07 60	<del></del>	T Star Fr d		ad in Caption 440 07(3)(i) Florida Statutas I further on	with the of the information

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 eath; 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 Chapter 607, or on an attachment with an address.

EIGNATURE 12 MM 1600 (Com to)