FILED ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 98 MAR 25 PM 3: 26 **DOCUMENT #** F94000001419 1. Corporation Name SECRETARY OF STATE TALLAHASSEE. FLORIDA JDN REALTY CORPORATION Principal Place of Business Mailing Address 359 E. PACES FERRY RD 359 E. PACES FERRY RD. SUITE 400 SUITE 400 3. Date Incorporated or Qualified | 3a. Date of Last Report JULY 18. ATLANTA, GA 30305 ATLANTA, GA 30305 MARCH 21, 1994 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 58-1468053 359 E. PACES FERRY RD 26 359 E. PACES FERRY RD Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X] 5. Certificate of Status Desired 22 SUITE 400 27 SUITE 400 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be City & State 23 ATLANTA, 28 ATLANTA, Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Ζip Country Zip **24** 30305 29 30305 30 USA Florida Statutes Yes X No 25 USA 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CORPORATION INFORMATION SERVICES, 82 Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET 83 TALLAHASSEE, FLORIDA 32301 84 City Zip Code 11. 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 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 607.0505, Florida Statutes. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change Addition CHAIRMAN & CEO 12 NAME NAME J. DONALD NICHOLS STREET ADDRESS 1.3 STREET ADDRESS 359 E. PACES FERRY RD, STE 400 ATLANTA, GA 30305 CITY - ST - ZIP 1.4 CITY - ST - ZIP PRESIDENT TITLE DELETE 2.1 TITLE Addition 2.2 NAME NAME ELIZABETH L. NICHOLS 2.3 STREET ADORESS STREET ADDRESS 359 E. PACES FERRY RD, STE 400 ATLANTA, GA 30305 CFO, SEC. & TREASURER CITY - ST - ZIP 2.4 CITY - ST - ZIP 3.1 TITLE TITLE Change Addition DELETE WILLIAM J. KERLEY **3.2 NAME** NAME STREET ADDRESS 359 E. PACES FERRY RD, STE 400 3.3 STREET ADDRESS ATLANTA, GA 30305 3.4 CITY - ST - ZIP CITY - ST - ZIP DIRECTOR 4.1 TITLE TITLE DELETE Change Addition 4.2 NAME NAME HAYWOOD D. COCHRANE, 4.3 STREET ADDRESS STREET ADDRESS 359 E. PACES FERRY RD, STE 400 CITY - ST - ZIP ATLANTA GA 30305 4.4 CITY - ST - ZIP DIRECTOR SITTLE TITLE Change Addition DELETE NAME CRAIG MACNAB 5.2 NAME 5.3 STREET ADDRESS STREET AD BESS 359 E. PACES FERRY RD, STE 400 CITY - ST - ZIP GA 30305 5.4 CITY - ST - ZIP ATLANTA, DIRECTOR 6.1 TITLE TITLE DELETE Change Addition NAME 6.2 NAME WILLIAM B. GREENE STREET ADDRESS 6.3 STREET ADDRESS 359 E. PACES FERRY RD, STE 400 6.4 CITY - ST - ZIP CITY - ST - ZIP ATLANTA, GA 30305 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or pn an attachment with an address. SIGNATURE: 404-262-3252 John D. Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDADEPARTMENT OF STATE

Sandra B. Mortham

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

CORPORATION

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Daytime Phone #