

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2001 08:00 AM
Secretary of State

DOCUMENT # F94000001419

1. Entity Name
JDN REALTY CORPORATION

Principal Place of Business 359 E. PACES FERRY RD SUITE 400 ATLANTA GA 30305	Mailing Address 359 E. PACES FERRY RD SUITE 400 ATLANTA GA 30305
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number
58-1468053

Applied For	
Not Applicable	

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET

TALLAHASSEE FL 32301 US

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE **04/13/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME GREENE WILLIAM B	
STREET ADDRESS 359 E. PACES FERRY RD	
CITY-ST-ZIP ATLANTA GA 30305	
TITLE CEO	<input type="checkbox"/> Delete
NAME MACNAB CRAIG	
STREET ADDRESS 359 E. PACES FERRY RD	
CITY-ST-ZIP ATLANTA GA 30305	
TITLE D	<input type="checkbox"/> Delete
NAME COCHRANE HAYWOOD DJR.	
STREET ADDRESS 359 E. PACES FERRY RD	
CITY-ST-ZIP ATLANTA GA 30305	
TITLE P	<input type="checkbox"/> Delete
NAME NICHOLS ELIZABETH L	
STREET ADDRESS 359 E. PACES FERRY RD	
CITY-ST-ZIP ATLANTA GA 30305	
TITLE CFO	<input type="checkbox"/> Delete
NAME HARRIS JOHN DJR	
STREET ADDRESS 359 E. PACES FERRY RD	
CITY-ST-ZIP ATLANTA GA 30305	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREENE WILLIAM B	
STREET ADDRESS 359 E. PACES FERRY RD, #400	
CITY-ST-ZIP ATLANTA GA 30305	
TITLE CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MACNAB CRAIG	
STREET ADDRESS 359 E. PACES FERRY RD, #400	
CITY-ST-ZIP ATLANTA GA 30305	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COCHRANE HAYWOOD DJR.	
STREET ADDRESS 359 E. PACES FERRY RD, #400	
CITY-ST-ZIP ATLANTA GA 30305	
TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TRUSCOTT MICHAEL J	
STREET ADDRESS 359 E. PACES FERRY RD, #400	
CITY-ST-ZIP ATLANTA GA 30305	
TITLE CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARRIS JOHN DJR	
STREET ADDRESS 359 E. PACES FERRY RD, #400	
CITY-ST-ZIP ATLANTA GA 30305	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. TRUSCOTT SEC 04/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)