

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 32 PM 12: 20

DOCUMENT # F94000002231 (8)

1. Corporation Name

REGENCY SQUARE FINANCE CORPORATION

Principal Place of Business

Mailing Address

**% SCHRODER REAL ESTATE ASSOCIATES
437 MADISON AVE., 18TH FLOOR
NEW YORK NY 10022**

**% SCHRODER REAL ESTATE ASSOCIATES
437 MADISON AVE., 19TH FLOOR
NEW YORK NY 10022**

DO NOT WRITE IN THIS SPACE.

9. Date Incorporated or Qualified

3a. Date of Last Report

04/29/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

13-3711992

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

22

27

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

City & State

City & State

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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 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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	PECK, NORMAN L
STREET ADDRESS	437 MADISON AVE.
CITY - ST - ZIP	NEW YORK NY 10022
TITLE	VSTD
NAME	PESKIN, MARK
STREET ADDRESS	437 MADISON AVE.
CITY - ST - ZIP	NEW YORK NY 10022
TITLE	VD
NAME	LACHMAN, M. LEANNE
STREET ADDRESS	437 MADISON AVE.
CITY - ST - ZIP	NEW YORK NY 10022
TITLE	AS
NAME	MARLOWE, JOHN B
STREET ADDRESS	437 MADISON AVE.
CITY - ST - ZIP	NEW YORK NY 10022
TITLE	D
NAME	WOOLDRIGE, LINDA
STREET ADDRESS	437 MADISON AVE.
CITY - ST - ZIP	NEW YORK NY 10022
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 of this form on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ute Randos

3/17/95

NY 940-3600

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 32 PM 1:27

DOCUMENT # **F94000002354 (8)**

1. Corporation Name

TRANSPORTATION CONSULTING MDA, INC.

Principal Place of Business

Mailing Address

3400 MCCLURE BRIDGE RD
BLDG G, SUITE C
DULUTH GA 30136

3400 MCCLURE BRIDGE RD
BLDG G, SUITE C
DULUTH GA 30136

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

05/06/1994

4. FFI Number

Applied For

58-1946901

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

21. Principal Place of Business

2a. Mailing Address

21

2a

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Building D Suite A

Bldg D Suite A

City & State

City & State

23

2b

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNOWLES, SHEILA
1101 GULF BREEZE PKWY
SUITE 300
GULF BREEZE FL 32561

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 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 (hand or printed name of registered agent and title) (optional)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: P
NAME: ANDERSON, MARSHA D
STREET ADDRESS: 3400 MCCLURE BRIDGE RD, BLDG G, SUITE C
CITY - ST - ZIP: DULUTH GA

1.1 TITLE: Change Addition
1.2 NAME: Bldg D, Suite A
1.3 STREET ADDRESS:
1.4 CITY - ST - ZIP:

TITLE: VS
NAME: ANDERSON, WALTER G
STREET ADDRESS: 3400 MCCLURE BRIDGE RD, BLDG G, SUITE C
CITY - ST - ZIP: DULUTH GA

2.1 TITLE: Change Addition
2.2 NAME: removed
2.3 STREET ADDRESS:
2.4 CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

3.1 TITLE: Change Addition
3.2 NAME: SECY
3.3 STREET ADDRESS: J. KEITH HOGSED
3.4 CITY - ST - ZIP: 3400 McClure Br. Rd.
Duluth GA 30136

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY - ST - ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 on an attachment with an address.

SIGNATURE: *Marsha Dale Anderson*

3/23/95 404-813-0882

OPTIONAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone/Fax #