FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:05

DOCUMENT # **F94000002912 (3)**

1. Corporation Name
BALLANTRAE HOLDING CORP.

Principal Place of Business	Mailing Address
600 W. PEACHTREE ST., N.W. SUITE 900 ATLANTA GA 30308	600 W. PEACHTREE ST., N.W. SUITE 900 ATLANTA GA 30308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 260 Long Ridge Rd.
22: Suite, Apt. # etc.
23: Stamford, CT
24: 06927 25:

2a. Mailing Address
26: GE CAPITAL CORPORATION
27: P.O. BOX 9550
28: FT. MYERS, FL 33906-9550
29: Attn: Shyrnga Williams
30:

4. FEI Number: APPLIED FOR 06-1398648 ☐ Applied For ☐ 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. The corporation is subject to the provisions of Section 607.1901, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 Section 607.0501 and 607.1505, 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(S)
(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, Registered Agent must sign) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TYPE	P	Oscar Garza	☐ Change ☒ Addition
2 NAME	FRAIZER, MICHAEL D	4211 Mike Parkway	
3 STREET ADDRESS	260 LONG RIDGE RD.	Ft. Myers, FL 33916	
4 CITY ST ZIP	STAMFORD CT 06927		
1 TYPE	V		☐ Change ☐ Addition
2 NAME	SANTORO, EDWARD J		
3 STREET ADDRESS	260 LONG RIDGE RD.		
4 CITY ST ZIP	STAMFORD CT 06927		
1 TYPE	V		☐ Change ☐ Addition
2 NAME	HENRY, DAVID B		
3 STREET ADDRESS	260 LONG RIDGE RD.		
4 CITY ST ZIP	STAMFORD CT 06927		
1 TYPE	V		☐ Change ☐ Addition
2 NAME	PFEIFFER, R E		
3 STREET ADDRESS	260 LONG RIDGE RD.		
4 CITY ST ZIP	STAMFORD CT 06927		
1 TYPE	VS		☐ Change ☐ Addition
2 NAME	HOZA, JEFFREY S		
3 STREET ADDRESS	600 W. PEACHTREE ST., N.W.		
4 CITY ST ZIP	ATLANTA GA 30308		
1 TYPE	VS		☐ Change ☐ Addition
2 NAME	EKBLAW, ERIC		
3 STREET ADDRESS	600 W. PEACHTREE ST., N.W.		
4 CITY ST ZIP	ATLANTA GA 30308		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 12 or Block 13 (if changed) or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR

OSCAR GARZA
ASSISTANT TREASURER
TITLE

0300703 FP