

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000003340**

BUSINESS OFFICE SERVICES OF DELAWARE, INC.

Principal Place of Business
2253 NORTHWEST PARKWAY
MARIETTA, GA 30067

Mailing Address
2253 NORTHWEST PARKWAY
MARIETTA, GA 30067

2. Principal Place of Business 2253 NORTHWEST PARKWAY		2a. Mailing Address 2253 NORTHWEST PARKWAY		3. Date Incorporated or Qualified 6/24/94	3a. Date of Last Report N/A
21. Suite, Apt. #, etc.	22. City & State MARIETTA, GA	23. City & State MARIETTA, GA	24. Zip 30067	4. FEI Number 62-1571233	Applied For <input type="checkbox"/> Not Applicable
25. Country	26. Country	27. Country	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Country	30. Country	31. Country	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
500002178095
83. City, State, Zip
-05/14/97--01041--021
*****165.00**
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	JERRY KAUFMAN
STREET ADDRESS		1.3 STREET ADDRESS	2253 NORTHWEST PARKWAY
CITY- ST- ZIP		1.4 CITY- ST- ZIP	MARIETTA, GA 30067
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT/ CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	IRENE . ARONIN
STREET ADDRESS		2.3 STREET ADDRESS	2253 NORTHWEST PARKWAY
CITY- ST- ZIP		2.4 CITY- ST- ZIP	MARIETTA, GA 30067
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	DAVID P. BAILIS
STREET ADDRESS		3.3 STREET ADDRESS	2253 NORTHWEST PARKWAY
CITY- ST- ZIP		3.4 CITY- ST- ZIP	MARIETTA, GA 30067
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	ASSISTANT TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	JEFF L. CAGLE
STREET ADDRESS		4.3 STREET ADDRESS	2253 NORTHWEST PARKWAY
CITY- ST- ZIP		4.4 CITY- ST- ZIP	MARIETTA, GA 30067
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	WALTER M. HOFF
STREET ADDRESS		5.3 STREET ADDRESS	2253 NORTHWEST PARKWAY
CITY- ST- ZIP		5.4 CITY- ST- ZIP	MARIETTA, GA 30067
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	DAVID.P. BAILIS
STREET ADDRESS		6.3 STREET ADDRESS	2253 NORTHWEST PARKWAY
CITY- ST- ZIP		6.4 CITY- ST- ZIP	MARIETTA, GA 30067

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 oath; that any 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: _____ **JEFF L. CAGLE** **4/30/97** **770-644-7400**

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)