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

APPROVED AND FILED
95 MAY -1 PM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004855 (2)**

1. Corporation Name
COX HRP, INC.

Principal Place of Business	Mailing Address
1400 LAKE HEARN DR NE ATLANTA GA 30319	1400 LAKE HEARN DR NE ATLANTA GA 30319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/20/1994**
3a. Date of Last Report:

2. Principal Place of Business
21: 805 Third Avenue
22: Suite, Apt. #, etc.
23: City & State: New York NY
24: Zip: 10022 25: Country

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip 30: Country

4. FEI Number: **58-2053154** ☐ 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. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT 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 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	TRIGONY, NICHOLAS D	12 NAME	
STREET ADDRESS	1400 LAKE HEARN DR NE	13 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA 30319	14 CITY ST ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	ROUSE, JOHN J JR	22 NAME	
STREET ADDRESS	1400 LAKE HEARN DR NE	23 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA 30319	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	MERDEK, ANDREW J JR	32 NAME	
STREET ADDRESS	1400 LAKE HEARN DR NE	33 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA 30319	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	FISHER, ANDY	42 NAME	
STREET ADDRESS	1400 LAKE HEARN DR NE	43 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA 30319	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	BARNETT, PRESTON B	52 NAME	
STREET ADDRESS	1400 LAKE HEARN DR NE	53 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA 30319	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 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 on an attachment with an address.

SIGNATURE: Preston B. Barnett **PRESTON B. BARNETT** 4/26/95 (404)843-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER **VICE PRESIDENT - TAX** Date Daytime Phone #

0008158 CP