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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000004855 (2)

1. Corporation Name
COX HRP, INC.

Principal Place of Business

805 THIRD AVE
NEW YORK NY 10022
US

Mailing Address

1400 LAKE HEARN DR NE
ATLANTA GA 30319-1484

3. Date Incorporated or Qualified

09/20/1994

3a. Date of Last Report

04/30/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

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

CT 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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RYAN, PETER
STREET ADDRESS 1400 LAKE HEARN DR NE
CITY-ST-ZIP ATLANTA GA

1.1 TITLE P
1.2 NAME RYAN, PETER
1.3 STREET ADDRESS 1400 LAKE HEARN DRIVE
1.4 CITY-ST-ZIP ATLANTA, GA. 30319

TITLE VP
NAME TRIGONY, NICHOLAS D.
STREET ADDRESS 1400 LAKE HEARN DR NE
CITY-ST-ZIP ATLANTA GA

2.1 TITLE DV
2.2 NAME TRIGONY, NICHOLAS D.
2.3 STREET ADDRESS 1400 LAKE HEARN DR.
2.4 CITY-ST-ZIP ATLANTA, GA. 30319

TITLE SD
NAME MERDEK, ANDREW J JR
STREET ADDRESS 1400 LAKE HEARN DR NE
CITY-ST-ZIP ATLANTA GA 30319

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V
NAME FISHER, ANDY
STREET ADDRESS 1400 LAKE HEARN DR NE
CITY-ST-ZIP ATLANTA GA 30319

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

TITLE V
NAME BARNETT, PRESTON B
STREET ADDRESS 1400 LAKE HEARN DR NE
CITY-ST-ZIP ATLANTA GA 30319

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE TD
6.2 NAME ROUSE, JR., JOHN J.
6.3 STREET ADDRESS 1400 LAKE HEARN DR.
6.4 CITY-ST-ZIP ATLANTA, GA. 30319

14. I do 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 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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0011748

CR2E034 (9/96)