


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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90086 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F94000004855					
1. Corporation Name COX HRP, INC.					
Principal Place of Business CORPORATE TAX DEPT 1400 LAKE HEARN DR ATLANTA GA 30319 US			Mailing Address CORPORATE TAX DEPT 1400 LAKE HEARN DR ATLANTA GA 30319 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/20/1994	
21		26		4. FEI Number 58-2053154	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			
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 CSC		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83 "CHANGE IN PROGRESS"		
			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					
TITLE	P	<input type="checkbox"/> DELETE			
NAME	RYAN, PETER				
STREET ADDRESS	1400 LAKE HEARN DR				
CITY-ST-ZIP	ATLANTA GA 30319				
TITLE	DV	<input type="checkbox"/> DELETE			
NAME	BARNETT, PRESTON B				
STREET ADDRESS	1400 LAKE HEARN DR				
CITY-ST-ZIP	ATLANTA GA 30319				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	MERDEK, ANDREW A				
STREET ADDRESS	1400 LAKE HEARN DR NE				
CITY-ST-ZIP	ATLANTA GA 30319				
TITLE	VDT	<input type="checkbox"/> DELETE			
NAME	BOYETTE, JOHN G				
STREET ADDRESS	1400 LAKE HEARN DR NE				
CITY-ST-ZIP	ATLANTA GA 30319				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME		PETER RYAN			
1.3 STREET ADDRESS		1400 LAKE HEARN DR.			
1.4 CITY-ST-ZIP		ATLANTA, GA. 30319			
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME		PRESTON B. BARNETT			
2.3 STREET ADDRESS		1400 LAKE HEARN DR.			
2.4 CITY-ST-ZIP		ATLANTA, GA. 30319			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
5.2 NAME		NICHOLAS D. TRIGONY			
5.3 STREET ADDRESS		1400 LAKE HEARN DRIVE			
5.4 CITY-ST-ZIP		ATLANTA, GA. 30319			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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 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, with all other like approvals.

SIGNATURE: Preston B. Barnett SIGNATURE REQUIRED: Preston B. Barnett Vice President - Tax 2/15/99 404-843-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #