

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

001346

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90028 023 \*\*\*150.00

DOCUMENT # **F94000005615**

1. Corporation Name

**BVT INSTITUTIONAL INVESTMENTS, INC.**

Principal Place of Business

**3350 CUMBERLAND CIR #1500  
ATLANTA GA 30339  
US**

Mailing Address

**3350 CUMBERLAND CIR #1500  
ATLANTA GA 30339  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/28/1994**

2. Principal Place of Business

**21 3350 RIVERWOOD PARKWAY**

Suite, Apt. #, etc.

**22 1500**

City & State

**23 ATLANTA, GA**

Zip

**24 30339**

Country

**25 USA**

2a. Mailing Address

**26 3350 RIVERWOOD PARKWAY**

Suite, Apt. #, etc.

**27 SUITE 1500**

City & State

**28 ATLANTA, GA**

Zip

**29 30339**

Country

**30 USA**

4. FEI Number

**62-1581316**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
8751 W. BROWARD BLVD.  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HIMELRICK, JAMES E JR	
STREET ADDRESS	3350 CUMBERLAND CIR, STE 1500	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BUNTING, MELANIE	
STREET ADDRESS	3350 CUMBERLAND CIR #1500	
CITY-ST-ZIP	ATLANTA GA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CUMMINGS, J. GREER JR	
STREET ADDRESS	414 UNION ST.	
CITY-ST-ZIP	NASHVILLE TN 37219	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VON SCHARFENBERG, HARALD	
STREET ADDRESS	GUNDELINDENSTRASSE 2	
CITY-ST-ZIP	FEDERAL REPUBLIC OF GERMANY	
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	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FRANK PRIDGEN	
1.3 STREET ADDRESS	3350 RIVERWOOD PKWY, STE 1500	
1.4 CITY-ST-ZIP	ATLANTA, GA 30339	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	3350 RIVERWOOD PKWY, SUITE 1500	
2.4 CITY-ST-ZIP	ATLANTA, GA 30339	
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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 empowered.

SIGNATURE:

*Melanie Bunting*

MELANIE BUNTING

2-12-99

(770) 618-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)