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 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006681 (0)

1. Corporation Name

MORCAP, INC.

Principal Place of Business	Mailing Address
~~7000 CENTRAL PKWY~~	~~7000 CENTRAL PKWY~~
~~STE 1570~~	~~STE 1570~~
~~ATLANTA GA 30328~~	~~ATLANTA GA 30328~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 880 CARILLON PARKWAY	26 880 CARILLON PARKWAY
Suite, Apt. #, etc. 22 P.O. BOX 12749	Suite, Apt. #, etc. 27 P.O. BOX 12749
City & State 23 ST. PETERSBURG, FL.	City & State 28 ST. PETERSBURG, FL.
Zip 24 33733-2749 Country 25	Zip 29 33733-2749 Country 30

4. FEI Number: 58-2142156 — 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 — FILED BY PARENT CO.

9. Name and Address of Current Registered Agent

C T 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)
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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	COBB, DAVID W	12 NAME	
STREET ADDRESS	7000 CENTRAL PKWY, STE 1570	13 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	DANIEL, ROY B	22 NAME	
STREET ADDRESS	7000 CENTRAL PKWY, STE 1570	23 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	STEINBACH, KATHERINE M	32 NAME	
STREET ADDRESS	7000 CENTRAL PKWY, STE 1570	33 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	34 CITY ST ZIP	
TITLE	~~V~~	41 TITLE	VT ☒ Change ☐ Addition
NAME	~~ZIMMERMAN, LORRAINE Z~~	42 NAME	ZIMMERMAN, LORRAINE Z.
STREET ADDRESS	~~7000 CENTRAL PKWY, STE 1570~~	43 STREET ADDRESS	7000 CENTRAL PKWY., STE. 1570
CITY ST ZIP	~~ATLANTA GA~~	44 CITY ST ZIP	ATLANTA, GA.
TITLE	AS	51 TITLE	O ☐ Change ☒ Addition
NAME	THOMPSON, JOANNE F	52 NAME	MOSBY, J. DAVENPORT III
STREET ADDRESS	7000 CENTRAL PKWY, STE 1570	53 STREET ADDRESS	880 CARILLON PARKWAY
CITY ST ZIP	ATLANTA GA	54 CITY ST ZIP	ST. PETERSBURG, FL.
TITLE		61 TITLE	AT ☐ Change ☒ Addition
NAME		62 NAME	ZANK, DENNIS W.
STREET ADDRESS		63 STREET ADDRESS	880 CARILLON PKWY.
CITY ST ZIP		64 CITY ST ZIP	ST. PETERSBURG, FL.

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)(k), 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: X D. W. Zank — DENNIS W. ZANK — 4/26/95 — 813-573-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004426 FN