

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000000487 (7)

1. Corporation Name

COUSINS MARKETCENTERS, INC.

Principal Place of Business

2500 WINDY RIDGE PARKWAY, SUITE 1600
ATLANTA GA 30339-5683

Mailing Address

2500 WINDY RIDGE PARKWAY, SUITE 1600
ATLANTA GA 30339-5683

FILED
Mar 12 1997 8:00am
Secretary of State



3. Date Incorporated or Qualified

01/30/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

58-2013436

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

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 of the person performing the registration and filing (if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
COUSINS, THOMAS G
2500 WINDY RIDGE PARKWAY, STE. 1600
ATLANTA GA 30339-5683
P
DUPREE, DANIEL M
2500 WINDY RIDGE PARKWAY, STE. 1600
ATLANTA GA 30339-5683
EVP
JONES, CRAIG B
2500 WINDY RIDGE PARKWAY, STE. 1600
ATLANTA GA 30339-5683
SVPS
CHARLESWORTH, TOM G
2500 WINDY RIDGE PARKWAY, STE. 1600
ATLANTA GA 30339-5683
V
BARRETT, KELLY H
2500 WINDY RIDGE PARKWAY, STE. 1600
ATLANTA GA 30339-5683

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Senior VP, Treasurer
Peter A. Tarkenton
2500 Windy Ridge Parkway #1600
Atlanta, GA 30339

SIGNATURE:

Peter A. Tarkenton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter A. Tarkenton

4/26/97 (770) 955-2200

Date

Daytime Phone #

0012206

CR2E034 (9/96)