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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500000487 (7)

COUSINS MARKETCENTERS, INC.

| 6 | | | | | | |
|---|---|---------------------|--------|--|---|---------------------------------------|
| Principal Place of Business Mailing Address | | | | | · | e marer mustr menne iffite iffit 1881 |
| 2500 WINDY RIDGE PARKWAY. SUITE 1800 2500 WINDY RIDGE PARK ATLANTA GA 30339-5683 ATLANTA GA 30339-5683 | | | | UITE 1600 | DO NOT WRITE IN TI | HIS SPACE |
| | | | | | 3. Date Incorporated or Qualified | |
| | | | | | 01/30/1995 | |
| 2. Principal P | lace of Business | 2s. Mailing Address | | | 4. FEI Number | Applied For |
| 26 | | 26 | | | 58-2013436 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Regulred |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip 24 | Country 25 | Z _{ip} | 30 Co. | untry | This corporation owes or has paid the Personal Property Tax due June 30. | current year Intangible |
| | 9. Name and Address of Currer | nt Registered Agent | | 1 | 10. Name and Address of New Registe | red Agent |
| CT | CORPORATION SYSTEM | | | 81 Name | | |
| 1200 SOUTH PINE ISLAND ROAD | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| PLANTATION FL 33324 | | | | oli coli Aldo | Tool (1, c). Box 110 Hot 16 Hot 1600 plable) | |
| | | | | 83 | | |
| | | | | 84 City | | B5 Zip Code |
| | | | | GA City | | FL 85 Zip Code |
| office or r agent. I a SIGNATURE | egistered agont, or both, in the State in familiar with, and accept the oblig Signature typed or profind name of registried ago | | | d by the corpora tutes. | ation's board of directors. I hereby accept the | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS IN 12 |
| TITLE | D | DELETE | 1.1 T | TLE | | Change Addition |
| NAME | COUSINS, THOMAS G | | 1.2 N | AME | | |
| STREET ADDRESS | | | 135 | TREET ADDRESS | | |
| CITY-ST-ZIP | ATLANTA GA 30339-5683 | | 140 | ITY-ST-ZIP | | |
| TITLE | P | P DELETE | | ITLE | | Change Addition |
| NAME | DUPREE, DANIEL M | | 22 N | AME | | |
| STREET ADDRESS | | | | TREET ADDRESS | | |
| CITY - ST - ZIP | ATLANTA GA 30339-5683 | | 2.4 (| CITY-ST-ZIP | | |
| TITLE | EVP | ☐ DELETE | 3.1 1 | TLE | | Change Addition |
| NAME | JONES, CRAIG B | | 3.2 N | AME | | |
| STREET ADORESS | 2500 WINDY RIDGE PARKWA | Y, STE. 1600 | 3.3 \$ | TREET ADDRESS | | |
| CITY-ST-ZIP | ATLANTA GA 30339-5683 | | | CITY-ST-ZIP | | |
| TITLE | SVPS | DELETE | 4.1 (| | | ☐ Change ☐ Addition |
| NAME | CHARLESWORTH, TOM G | | 4.21 | IAME | | |
| STREET ADDRESS City-St-Zip | 2500 WINDY RIDGE PARKWA ATLANTA GA 30339-5683 | NY, STE. 1600 | | TREET ADDRESS | | |
| TOLE | V | Delete | 440 | ITY-ST-ZIP | | Change Addition |

14. Thereby 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.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

BARRETT, KELLY H

TAITHOFF, PETER A.

ATLANTA GA

ATLANTA GA 30339-5683

2500 WINDY RIDGE PARKWAY, STE. 1600

2500 WINDY RIDGE PKWY., #1600

The Same

4/23/48

TARTIKOFF, PETER A.

720-857-2384

Change

Addition

FILED

May 07 1998 8:00am

Secretary of State