

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90214 036 ***150.00

DOCUMENT # F95000000487

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1995

4. FEI Number

58-2013436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

CT 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

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	D	<input type="checkbox"/> DELETE
NAME	COUSINS, THOMAS G	
STREET ADDRESS	2500 WINDY RIDGE PARKWAY, STE. 1600	
CITY-ST-ZIP	ATLANTA GA 30339-5683	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DUPREE, DANIEL M	
STREET ADDRESS	2500 WINDY RIDGE PARKWAY, STE. 1600	
CITY-ST-ZIP	ATLANTA GA 30339-5683	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	JONES, CRAIG B	
STREET ADDRESS	2500 WINDY RIDGE PARKWAY, STE. 1600	
CITY-ST-ZIP	ATLANTA GA 30339-5683	
TITLE	SVPS	<input type="checkbox"/> DELETE
NAME	CHARLESWORTH, TOM G	
STREET ADDRESS	2500 WINDY RIDGE PARKWAY, STE. 1600	
CITY-ST-ZIP	ATLANTA GA 30339-5683	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BARRETT, KELLY H	
STREET ADDRESS	2500 WINDY RIDGE PARKWAY, STE. 1600	
CITY-ST-ZIP	ATLANTA GA 30339-5683	
TITLE	SVPT	<input checked="" type="checkbox"/> DELETE
NAME	TARTIKOFF, PETER A	
STREET ADDRESS	2500 WINDY RIDGE PKWY., #1600	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kelly H. Barrett

4/14/99

Date

(770) 955-2200

Daytime Phone #

CR2E034 (11/98)

001347