

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90170 034 ***150.00

DOCUMENT # F95000006272

1. Corporation Name
ALIGNIS, INC.

Principal Place of Business
1055 LENOX PARK BLVD
SUITE 150
ATLANTA GA 30319
US

Mailing Address
1055 LENOX PARK BLVD
SUITE 150
ATLANTA GA 30319
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	12/19/1995	58-2131109	No Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		\$8.75 Additional Fee Required
22	27			
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
23	28			
Zip	Country	7. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	25	29	30	

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	DCP
NAME	HOLLIS, DANIEL W	1.2 NAME	James R. Laughlin
STREET ADDRESS	1055 LENOX PARK BLVD, SUITE 150	1.3 STREET ADDRESS	1055 Lenox Park Blvd. Ste 150
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	Atlanta, GA 30319
TITLE	D	2.1 TITLE	D
NAME	MCLANE, JAMES	2.2 NAME	Sam Havens
STREET ADDRESS	1016 W. 9TH AVE.	2.3 STREET ADDRESS	151 Noe
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	2.4 CITY-ST-ZIP	Chatham Township, NJ 07928
TITLE	D	3.1 TITLE	Terrence Burke D
NAME	CHANNING, WALTER	3.2 NAME	26611 North Point Rd.
STREET ADDRESS	C/O CW GROUP, 1041 3RD AVE	3.3 STREET ADDRESS	Easton, MD 21601
CITY-ST-ZIP	NEW YORK NY 10021	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	
NAME	ILICK, CHRISTOPHER D ESQ	4.2 NAME	
STREET ADDRESS	BREAN, MURRAY & CO., LLP/570 LEXINGTON AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	FROISTAD, ERIC	5.2 NAME	
STREET ADDRESS	1055 LENOX PARK BLVD, SUITE 150	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	
NAME	ELLACOTT, BRIAN	6.2 NAME	
STREET ADDRESS	1055 LENOX PARK BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	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:

Eric J. Froistad
Eric J. Froistad

4/21/99

Date

404-848-0344

Daytime Phone #

CR2E034 (11/98)