

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

FILED  
May 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000001262 (2)**

1. Corporation Name

**NSSI, INC.**

Principal Place of Business

Mailing Address

**3535 PIEDMONT ROAD, NE  
ATLANTA GA 30305**

**3535 PIEDMONT ROAD, NE  
ATLANTA GA 30305**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/12/1996</b>		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>APPLIED FOR 58-2618978</b>		Applied For	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T 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, 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	CEOP	1.1 TITLE	
NAME	MILLER, C D	1.2 NAME	
STREET ADDRESS	3535 PIEDMONT ROAD, NE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30305	1.4 CITY-ST-ZIP	
TITLE	EV	2.1 TITLE	
NAME	BRYAN, LARRY J	2.2 NAME	
STREET ADDRESS	3535 PIEDMONT ROAD, NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30305	2.4 CITY-ST-ZIP	
TITLE	VCFO	3.1 TITLE	
NAME	GARNER, KENT	3.2 NAME	
STREET ADDRESS	3535 PIEDMONT ROAD, NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30305	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	ROSEN, PETER	4.2 NAME	
STREET ADDRESS	3535 PIEDMONT ROAD, NE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30305	4.4 CITY-ST-ZIP	
TITLE	VGCS	5.1 TITLE	
NAME	HAIN, MARK H	5.2 NAME	
STREET ADDRESS	3535 PIEDMONT ROAD, NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30305	5.4 CITY-ST-ZIP	
TITLE	VT	6.1 TITLE	
NAME	COLE, MADISON F JR	6.2 NAME	
STREET ADDRESS	3535 PIEDMONT ROAD, NE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30305	6.4 CITY-ST-ZIP	

**ASST. TREASURER**  
**PAM TAYLOR**  
**3535 PIEDMONT RD NE**  
**ATLANTA GA 30305**

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PAM TAYLOR**

**4-30-97**

**(404) 240-3000**

Date

Daytime Phone #

CR2E034 (9/96)