


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000001812 (4) 1. Corporation Name THE PIEDMONT FOUNDATION, INC.					
Principal Place of Business 11260 OLD ROSWELL ROAD ALPHARETTA GA 30201		Mailing Address 11260 OLD ROSWELL ROAD ALPHARETTA GA 30201			
2. Principal Place of Business 21 11260 OLD ROSWELL ROAD Suite, Apt. #, etc.		2a. Mailing Address 26 11260 OLD ROSWELL ROAD Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/10/1996	
22 City & State 23 ALPHARETTA GA Zip Country 24 30201 25 USA		27 City & State 28 ALPHARETTA GA Zip Country 29 30201 30 USA		3a. Date of Last Report 04/10/1996	
2. Principal Place of Business 21 11260 OLD ROSWELL ROAD Suite, Apt. #, etc.		2a. Mailing Address 26 11260 OLD ROSWELL ROAD Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE Applied For Not Applicable	
22 City & State 23 ALPHARETTA GA Zip Country 24 30201 25 USA		27 City & State 28 ALPHARETTA GA Zip Country 29 30201 30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business 21 11260 OLD ROSWELL ROAD Suite, Apt. #, etc.		2a. Mailing Address 26 11260 OLD ROSWELL ROAD Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
22 City & State 23 ALPHARETTA GA Zip Country 24 30201 25 USA		27 City & State 28 ALPHARETTA GA Zip Country 29 30201 30 USA		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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Sign at the typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PDC <input type="checkbox"/> DELETE NAME MCGILL, WALTER C JR STREET ADDRESS 501 CAMBRIDGE COURT CITY- ST- ZIP ALPHARETTA GA 30202			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP		
TITLE DV <input checked="" type="checkbox"/> DELETE NAME GRAMS, LARRY L STREET ADDRESS 11260 OLD ROSWELL ROAD CITY- ST- ZIP ALPHARETTA GA 30201			2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME SECRETARY, DIRECTOR 2.3 STREET ADDRESS PALMER, PATRICIA M P 2.4 CITY- ST- ZIP 11260 OLD ROSWELL ROAD ALPHARETTA GA 30201		
TITLE SD <input checked="" type="checkbox"/> DELETE NAME BIELE, CATHERINE D STREET ADDRESS 11260 OLD ROSWELL ROAD CITY- ST- ZIP ALPHARETTA GA 30201			3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME DIRECTOR 3.3 STREET ADDRESS KENDRICK, NESBIT S 3.4 CITY- ST- ZIP 11260 OLD ROSWELL ROAD ALPHARETTA GA 30201		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment, with my address.					
SIGNATURE: <u>Walter C. McGill, Jr.</u> February 17, 1997 (770) 664-9655 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone					

CR2E037 (9/96)