

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **F96000001812**

1. Corporation Name

THE PIEDMONT FOUNDATION, INC.

Principal Place of Business

11260 OLD ROSWELL ROAD
ALPHARETTA GA 30201

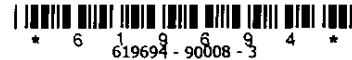
Mailing Address

11260 OLD ROSWELL ROAD
ALPHARETTA GA 30201

FILED
Sep 24, 1999 8:00 am
Secretary of State

09-24-1999 90008 005 *****8.75

09-24-1999 90008 006 *****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/10/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		58-1984620	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24 30004		29 30004		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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	PDC <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGILL, WALTER C JR	1.2 NAME	Michael Gaertner
STREET ADDRESS	501 CAMBRIDGE COURT	1.3 STREET ADDRESS	11260 Old Roswell Rd
CITY-ST-ZIP	ALPHARETTA GA 30202	1.4 CITY-ST-ZIP	Alpharetta, GA 30007
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHEELER, CHRISTINE	2.2 NAME	Richard Gose
STREET ADDRESS	11260 OLD ROSWELL RD	2.3 STREET ADDRESS	11260 Old Roswell Rd
CITY-ST-ZIP	ALPHARETTA GA 30201	2.4 CITY-ST-ZIP	Alpharetta, GA 30007
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENDRICK, NESBIT S	3.2 NAME	John R. Russell
STREET ADDRESS	11260 OLD ROSWELL ROAD	3.3 STREET ADDRESS	11260 Old Roswell Rd
CITY-ST-ZIP	ALPHARETTA GA 30201	3.4 CITY-ST-ZIP	Alpharetta, GA 30007
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORICK, W C <input checked="" type="checkbox"/> change	4.2 NAME	Darrell Jones
STREET ADDRESS	11260 OLD ROSWELL RD	4.3 STREET ADDRESS	11260 Old Roswell Rd
CITY-ST-ZIP	ALPHAETTA GA 30201	4.4 CITY-ST-ZIP	Alpharetta GA 30007
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Vice-President, Construction <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michr	5.2 NAME	Charles D. Bussard
STREET ADDRESS		5.3 STREET ADDRESS	11260 Old Roswell Rd
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Alpharetta GA 30007
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Sarah K Niemann
STREET ADDRESS		6.3 STREET ADDRESS	11260 Old Roswell Rd
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Alpharetta GA 30007

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 617, 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

Date

Daytime Phone #

94599 710 664-0806

CR2E037 (5/99)