2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002349

1. Entity Name

HOUSING RESOURCE CENTER, INC.

Principal Place of Business	Mailing Address
3098 PIEDMONT RD.. #330 ATLANTA GA 30305	PO BOX 53274 ATLANTA GA 30355

□ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number **58-2137444** | Applied For | Not Applicable

5. Certificate of Status Desired □ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
MCDONALD, SUSAN C 1301 RIVERPLACE BLVD #1500 JACKSONVILLE FL 32207	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City — FL — Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. □   **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DCP NAME PATRICIO, ALAN B STREET ADDRESS 1860 FLAGLER AVE. CITY-ST-ZIP ATLANTA GA 30309	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition
TITLE DV NAME MCDONALD, SUSAN C STREET ADDRESS 1301 RIVERPLACE BLVD #1500 CITY-ST-ZIP JACKSONVILLE FL 32207	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition
TITLE DST NAME HATCHER, SAMUEL F STREET ADDRESS ~~1355 PEACHTREE ST. STE 1900~~ CITY-ST-ZIP ~~ATLANTA GA 30309~~	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 1401 DRESDEN DR. SUITE 300 ATLANTA, GA 30319	☑ Change □ Addition
TITLE D NAME EDWARDS, GARY STREET ADDRESS ~~2430 11TH AVE., N.~~ CITY-ST-ZIP ~~BIRMINGHAM AL 35234~~	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 120 OSLO CIRCLE BIRMINGHAM, AL 35211	☑ Change □ Addition
TITLE ED NAME CONE, ANN STREET ADDRESS PO BOX 53274 CITY-ST-ZIP ATLANTA GA 30355	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition

CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED Ann H. Cone 1/16/03 (404) 816-9770