

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90016 020 ***150.00

DOCUMENT # F96000002857

1. Entity Name
901 MAITLAND CENTER INC.



Principal Place of Business
**3424 PEACHTREE RD., NE SUITE 800
ATLANTA, GA 30326**

Mailing Address
**3424 PEACHTREE RD., NE SUITE 800
ATLANTA, GA 30326**

44011331



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152004 Chg-P CR2E034 (10/03)

4. FEI Number
58-2231661

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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 \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
RYAN, JAMES P
3424 PEACHTREE RD., NE, SUITE 800
ATLANTA, GA 30326** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
BURD, CHARLES R II
1 INTERNATIONAL PLACE
BOSTON, MA 02110** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VAS
NEWMARK, DEBBIE J
3424 PEACHTREE RD., NE, SUITE 800
ATLANTA, GA 30326** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VS
MCKEAN, THOMAS A
3424 PEACHTREE RD., NE
ATLANTA, GA 30326** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VT
BURD, CHARLES R II
101 ARCH STREET
BOSTON, MA 02110** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GRONNING, JEFFREY K
1585 BROADWAY
NEW YORK, NY 10036** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HARDMAN, JR., E. DAVISSON
1585 BROADWAY
NEW YORK, NY 10036** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ 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

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 607, 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:

Debbie J. Newmark

Debbie J. Newmark

02/15/04

404-846-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #