FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL -3 PM 1:20

DOCUMENT # F96000002857

1. Entity Name
901 Maitland Center, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3424 Peachtree Road, NE	3424 Peachtree Road, NE
Suite, Apt. #, etc. Suite 800	Suite, Apt. #, etc. Suite 800
City & State Atlanta, GA	City & State Atlanta, GA
Zip 30326 Country USA	Zip 30326 Country USA

4/17 DO NOT WRITE IN THIS SPACE 03 01095 006 #150.00

4. FEI Number 58-2231661 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City Plantation FL Zip Code 33324

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

Make check payable to and mail to: Amount Enclosed

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	James P. Ryan
STREET ADDRESS	3424 Peachtree Rd., NE #800
CITY-ST-ZIP	Atlanta, GA 30326
TITLE	VAS
NAME	Debbie J. Newmark
STREET ADDRESS	3424 Peachtree Rd., NE #800
CITY-ST-ZIP	Atlanta, GA 30326
TITLE	VT
NAME	Charles R. Burd, II
STREET ADDRESS	101 Arch Street
CITY-ST-ZIP	Boston, MA 02110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Debbie J. Newmark Debbie J. Newmark 04/02/03 404-848-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL210 - 1/09/03 C T System Online