

• SECOND-NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 16 1997 8:00am  
Secretary of State

DOCUMENT # **F96000004945 (9)**

1. Corporation Name  
**NSI VENTURES, INC.**



Principal Place of Business  
**1420 PEACHTREE ST., N.E.  
ATLANTA GA 30309-3002**

Mailing Address  
**1420 PEACHTREE ST., N.E.  
ATLANTA GA 30309-3002**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/26/1996**

3a. Date of Last Report

4. FEI Number  
**58-2227629**

Applied For  
☐ Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE **CEO** ☐ DELETE  
NAME **BALLOUN, JAMES S**  
STREET ADDRESS **1420 PEACHTREE ST., N.E.**  
CITY-ST-ZIP **ATLANTA GA 30309-3002**

TITLE **P** ☒ DELETE  
NAME **HUBBLE, DON W**  
STREET ADDRESS **3250 WOODSTOCK RD., S.E.**  
CITY-ST-ZIP **ATLANTA GA 30309**

TITLE **VD** ☐ DELETE  
NAME **LEVY, DAVID**  
STREET ADDRESS **1420 PEACHTREE ST., N.E.**  
CITY-ST-ZIP **ATLANTA GA 30309-3002**

TITLE **V** ☐ DELETE  
NAME **SEARLE, STEWART A**  
STREET ADDRESS **1420 PEACHTREE ST., N.E.**  
CITY-ST-ZIP **ATLANTA GA 30309-3002**

TITLE **V** ☐ DELETE  
NAME **BACHMANN, MARK**  
STREET ADDRESS **1420 PEACHTREE ST., N.E.**  
CITY-ST-ZIP **ATLANTA GA 30309-3002**

TITLE **V** ☐ DELETE  
NAME **LOGUE, F A**  
STREET ADDRESS **1420 PEACHTREE ST., N.E.**  
CITY-ST-ZIP **ATLANTA GA 30309-3002**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **VP**  
2.3 STREET ADDRESS **BROCK HATTOX**  
2.4 CITY-ST-ZIP **1420 PEACHTREE STREET, NE  
ATLANTA, GA 30309**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 917, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

**Margaret Shaffer**  
Asst. V. President-Taxes

CR2E034 (4/97)

**NSI VENTURES, INC.,  
FKA North Bros., Inc.  
1420 Peachtree Street, N.E.  
Atlanta, GA 30309  
TAX ID#: 58-2227629**

Statement 1

**List of Officers:**

<b>Name</b>	<b>Title</b>
James S. Balloun	- Chairman, CEO
Brock Hattox	- Executive Vice-President & CFO
David Levy	- Executive Vice-President, Admin. & Counsel
Stewart Searle, III	- Senior VP., Planning and Development
F. Andrew Logue	- Staff Vice-President, Human Resources
William A. Robinson, III	- Vice-President, Taxes
Robert J. Mello	- Staff Vice-President, Auditing
Kenyon W. Murphy	- Vice President, Secretary & Assistant Counsel
Chester J. Popkowski	- Vice-President, Treasurer
Mark Bachmann	- Vice-President & Controller
Helen D. Haines	- Assistant Vice-President & Assistant Controller
Carol Ellis Morgan	- Assistant Vice-President, Legal and Assistant Secretary
Margaret Shelfer	- Assistant Vice-President, Taxes
William Stratton	- Assistant Vice-President, Claims Administration

Mailing Address For All Officers:

**1420 PEACHTREE STREET, NE  
ATLANTA, GA 30309**