

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000001515 (2)

1. Corporation Name

PORTSMOUTH SETTLEMENT COMPANY I, INC.

Principal Place of Business

600 W. PEACHTREE ST. SUITE 510
ATLANTA GA 30308

Mailing Address

600 W. PEACHTREE ST. SUITE 510
ATLANTA GA 30308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1997

4. FEI Number

58-2196829

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

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

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 of applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C
NAME MCDERMOTT, JAMES P
STREET ADDRESS 3 BETHESDA MTERO CTR., SUITE 1800
CITY- ST- ZIP BETHESDA MD 20814

☐ DELETE

TITLE VC
NAME FICKES, STEVEN
STREET ADDRESS 3 BETHESDA MTERO CTR., SUITE 1800
CITY- ST- ZIP BETHESDA MD 20814

☐ DELETE

TITLE D
NAME PLAYER, THOMAS A
STREET ADDRESS 3343 PEACHTREE RD, SUITE 1600
CITY- ST- ZIP ATLANTA GA 30328

☐ DELETE

TITLE P
NAME COLLINS, JOHN P
STREET ADDRESS 600 W. PEACHTREE ST, SUITE 510
CITY- ST- ZIP ATLANTA GA 30308

☐ DELETE

TITLE S
NAME CUMMINGS, TIMOTHY P
STREET ADDRESS 600 W. PEACHTREE ST, SUITE 510
CITY- ST- ZIP ATLANTA GA 30308

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Timothy P. Cummings 4-14-98 404-876-2727

CR2034 (10/97)