


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90005 035 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001515

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
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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 the current year Intangible Personal Property.

☐

Yes

☒

No

2. Principal Place of Business

2a. Mailing Address

21 **1740 B PHOENIX PKWY**

26 **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

ATLANTA GA

ATLANTA GA

24 Zip

Country

29 Zip

Country

30349

USA

30349

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **C** ☒ DELETE

NAME **MCDERMOTT, JAMES P**
STREET ADDRESS **3 BETHESDA MTERO CTR., SUITE 1600**
CITY-ST-ZIP **BETHESDA MD 20814**

TITLE **VC** ☒ DELETE

NAME **FICKES, STEVEN**
STREET ADDRESS **3 BETHESDA MTERO CTR., SUITE 1600**
CITY-ST-ZIP **BETHESDA MD 20814**

TITLE **D** ☒ DELETE

NAME **PLAYER, THOMAS A**
STREET ADDRESS **3343 PEACHTREE RD, SUITE 1600**
CITY-ST-ZIP **ATLANTA GA 30326**

TITLE **P** ☐ DELETE

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

TITLE **S** ☒ DELETE

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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Change

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Addition

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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:

NOT REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-4-99

80250 7230

Date

Daytime Phone #

CR2E034 (5/99)