

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 07 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 # F97000003008 (6)

1. Corporation Name

KOELLMANN BRECKINRIDGE, INC.

Principal Place of Business

900 PEACHTREE ST., STE. 400  
ATLANTA GA 30309

Mailing Address

900 PEACHTREE ST., STE. 400  
ATLANTA GA 30309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1997

2. Principal Place of Business

21 303 Peachtree Street

2a. Mailing Address

26 303 Peachtree Street

4. FEI Number

58-2173502

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite 5300

Suite, Apt. #, etc.

27 Suite 5300

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

City & State

23 Atlanta, Georgia

City & State

28 Atlanta, Georgia

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Zip

24 30308

Country

25 U.S.

Zip

29 30308

Country

30 U.S.

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

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 P ☐ DELETE

NAME KOELLMANN, ING JURG E  
STREET ADDRESS 767 5TH AVE., 43RD FL., GM BLDG.  
CITY-ST-ZIP NEW YORK NY 10153

TITLE AS ☒ DELETE

NAME RANNEY, ERIC D  
STREET ADDRESS 900 PEACHTREE ST., STE. 400  
CITY-ST-ZIP ATLANTA GA 30309

TITLE S ☐ DELETE

NAME KLINK, MANFRED  
STREET ADDRESS 767 5TH AVE., 43RD FL., GM BLDG.  
CITY-ST-ZIP NEW YORK NY 10153

TITLE TCFO ☐ DELETE

NAME PAULUS, FINANZWIRT H  
STREET ADDRESS 767 5TH AVE., 43RD FL., GM BLDG.  
CITY-ST-ZIP NEW YORK NY 10153

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

Vice President

Quinn, John T.

767 5th Avenue, 43 Floor, GM Building  
New York, NY 10153

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:

JOHN T. QUINN

27998

CR2E034 (5/98)