

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90002 022 ***150.00

DOCUMENT # **F97000004294**

1. Corporation Name
OMNIOFFICES, INC.



Principal Place of Business

1117 PERIMETER CENTER W
STE 500E
WASHINGTON DC 30338
US

Mailing Address

1117 PERIMETER CENTER W
STE 500E
WASHINGTON DC 30338
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **1117 Perimeter Center W**

2a. Mailing Address

26 **1117 Perimeter Center W**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 500B**

27 **Suite 500B**

City & State

City & State

23 **Atlanta, GA**

28 **Atlanta, GA**

Zip Country

Zip Country

24 **30338**

25 **USA**

29 **30338**

30 **USA**

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

08/15/1997

4. FEI Number

52-2047204

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	STUCKEY, ROBERT G	1700 PENNSYLVANIA AVE., N.W.	WASHINGTON DC 20006	<input checked="" type="checkbox"/>
DVP	WALLACE, JOSEPH D	1700 PENNSYLVANIA AVE., N.W.	WASHINGTON DC 20006	<input checked="" type="checkbox"/>
VP	CHRISTIAN, J	1117 PERIMETER CENTER S, 500E	ATLANTA GA 30338	<input checked="" type="checkbox"/>
CFO	MILLER, JR C E	1117 PERIMETER CENTER W, 500E	ATLANTA GA 30338	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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
CBO	Gary Kusin	1117 Perimeter Ctr. W, Ste. 500B	Atlanta, GA 30338	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CFO	Joseph P. Wallace	1117 Perimeter Ctr. W, Ste 500B	Atlanta, GA 30338	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasurer	Charles Miller, Jr.	1117 Perimeter Ctr. W, Ste 500B	Atlanta, GA 30338	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles E. Miller, Jr. 2/25/99 (770) 392-3468

CR2E034 (11/98)