

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90169 026 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # F97000005624**

1. Corporation Name  
**POST GP HOLDINGS, INC.**



Principal Place of Business Mailing Address  
**4401 NORTHSIDE PKWY., STE. 800** **4401 NORTHSIDE PKWY., STE. 800**  
**ATLANTA GA 30327** **ATLANTA GA 30327**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/24/1997**

4. FEI Number **58-2348868** 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 Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO <input type="checkbox"/> DELETE	1.1 TITLE	DCEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JOHN A	1.2 NAME	Williams, John A.
STREET ADDRESS	3350 CUMBERLAND CIRCLE, STE. 2200	1.3 STREET ADDRESS	4401 Northside Pkwy, Suite 800
CITY-ST-ZIP	ATLANTA GA 30339	1.4 CITY-ST-ZIP	Atlanta, GA 30327
TITLE	DPC <input type="checkbox"/> DELETE	2.1 TITLE	DPC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOVER, JOHN T	2.2 NAME	Glover, John T.
STREET ADDRESS	3350 CUMBERLAND CIRCLE, STE. 2200	2.3 STREET ADDRESS	4401 Northside Pkwy., Suite 800
CITY-ST-ZIP	ATLANTA GA 30339	2.4 CITY-ST-ZIP	Atlanta, GA 30327
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, SHERRY W	3.2 NAME	Cohen, Sherry W.
STREET ADDRESS	3350 CUMBERLAND CIRCLE, STE. 2200	3.3 STREET ADDRESS	4401 Northside Pkwy., Suite 800
CITY-ST-ZIP	ATLANTA GA 30339	3.4 CITY-ST-ZIP	Atlanta, GA 30327
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, TIMOTHY A	4.2 NAME	Fox, R. Gregory
STREET ADDRESS	3350 CUMBERLAND CIRCLE, STE. 2200	4.3 STREET ADDRESS	4401 Northside Pkwy., Suite 800
CITY-ST-ZIP	ATLANTA GA 30339	4.4 CITY-ST-ZIP	Atlanta, GA 30327
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

Post GP Holdings, Inc.  
**SIGNATURE: BY: Sherry W. Cohen Sherry W. Cohen, Secretary (404) 846-5000**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)