

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90175 025 ***150.00

DOCUMENT # F97000005624

Entity Name
POST GP HOLDINGS, INC.

Original Place of Business Mailing Address
 4401 NORTHSIDE PKWY., STE. 800
 ATLANTA GA 30327 4401 NORTHSIDE PKWY., STE. 800
 ATLANTA GA 30327-3093



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
58-2348868 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
DT ADDRESS ST-ZIP	DCEO WILLIAMS, JOHN A 4401 N.SIDE PKWY. STE 800 ATLANTA GA 30339	<input type="checkbox"/>
DT ADDRESS ST-ZIP	DPC GLOVER, JOHN T 4401 N.SIDE PKWY STE. 800 ATLANTA GA 30339	<input type="checkbox"/>
DT ADDRESS ST-ZIP	VS COHEN, SHERRY W 4401 N.SIDE PKWY. STE. 800 ATLANTA GA 30339	<input type="checkbox"/>
DT ADDRESS ST-ZIP	VT FOX, GREGORY R 4401 N.SIDE PKWY. STE 800 ATLANTA GA 30327	<input type="checkbox"/>
DT ADDRESS ST-ZIP		<input type="checkbox"/>
DT ADDRESS ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman - Treasurer, D Glover, John T. 4401 Northside Parkway, Suite 800 Atlanta, GA 30327-3057	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & COO Jeffrey A. Harris 4401 Northside Parkway, Suite 800 Atlanta, GA 30327-3057	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 report or supplemental 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 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BY: Sherry W. Cohen, Sherry W. Cohen, EVP & Secretary 4/28/00 (404) 846-5000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #