| FILE NOW: FIL | ING FEE AFTER | FILED | |
|---------------------------------------|---------------|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State DIVISION OF CORPORATIONS | Feb 10 1998 8:00am Secretary of State |
| CUMENT # | E07064 | (2) | |

| | 1990 | | | | |
|---------------------------|--|---|--|--|----------------------------------|
| 1. Corporation | CAN PIONEER HOLDING CO | \ | 710 | | |
| Principal Place | | | | | l Bleif Gleif Gleif Bfet) 1861 |
| | PEACHTREE STREET N.E. | Mailing Address FDIC-1201 W. PEACHTREE SUITE 1800 ATLANTA GA 30309 | STREET N.E. | DO NOT WRITE IN THIS | SPACE |
| | | | | 3. Date Incorporated or Qualified | |
| A Date who at D | A Parising of Pari | I am administration | | 08/24/1982 | 1 1 |
| | PACIFIC Ave | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 [4] C Suite, Apt. | T.YCTLTE" WAS | 26 1910 PACS | LIC VAAR | 59-1319290 | Not Applicable \$8.75 Additional |
| | £ 16076 | | 076 | 5. Certificate of Status Desired | Fee Required |
| City & State | e | City & State | 207W | 6. Election Campaign Financing | \$5.00 May Be |
| 23 I) A \ | Lic TV | | てを | Trust Fund Contribution | Added to Fees |
| Žip | Country | 70 70 | Country | 8. This corporation owes or has paid the cu | |
| | 201 25 USA | 29 75201 3 | o USA | | ☐ Yes 🛂 No |
| | g, Name and Address of Current | Registered Agent | | 10. Name and Address of New Registered | Agent |
| CT | CORPORATION SYSTEM | | 81 Name | | |
| 120 | 00 SOUTH PINE ISLAND ROAD | | 82 Street | Address (P.O. Box Number is Not Acceptable) | |
| PLA | ANTATION FL 33324 | | | , | |
| | | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| | | | | <u>FL</u> | • _ _ |
| 11. Pursuant to | to the provisions of Sections 607 0502 egistared agent, or both, in the State o | and 607.1508, Florida Statutes f Llorida, Such change was au | s, the above-named thorized by the corr | corporation submits this statement for the purpose o poration's board of directors. I hereby accept the app | of changing its registered |
| agent. I a | m familiar with, and accept the obligat | ons of, Section 607.0505, Flori | ida Statutes. | solution a board of all colors, the objection app | Some as regionales |
| SIGNATURE | 50 To 10 To | | | | |
| 12. | Signature, typed or preferance of registered agent OFFICERS AND | | Registered Agent signature 13. | required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND | D DIRECTORS IN 12 |
| TITLE | DP | DELETE | 1.1 TITLE | DP | Change |
| NAME | CHANDLER, SCOTT W | | 1.2 NAME | Fisher, John H | |
| STREET ADDRESS | 1201 W. PEACHTREE STREET | N.E., SUITE 1800 | 1.3 STREET ADDRESS | 1910 Pacific Ave, Swite 16076 | |
| CITY - ST - ZIP | ATLANTA GA 30309 | | 1.4 CITY-ST-ZIP | 1) Allas To 75201 | |
| TITLE | DVAS | DELETE | 2 1 TITLE | 1) VP | ☐ Change ☐ Addition |
| NAME | RAY, PATRICIA J | | 2.2 NAME | Thomas, III, builliam J | |
| STREET ADDRESS | 1201 W. PEACHTREE STREET | N.E., SUITE 1800 | 2 3 STREET ADORESS | 1910 PACIFIC AVE, SLIEFILLS | n . |
| CITY - ST - ZIP | ATLANTA GA 30309 | | 2.4 GITY-ST-ZIP | 1) Allas, Tie 75201 | ,,, |
| TITLE | DVAS | DELETE | 3 1 TITLE | DST | Change Addition |
| NAME | FARRELL, CHARLES P | | 3.2 NAME | | |
| STREET ADDRESS | 1201 W. PEACHTREE STREET | N.E., SUITE 1800 | 3 3 STREET ADDRESS | Schuq, John S 1910 Pacific Ave, Suite 1607 | 6 |
| CITY-ST-ZIP | ATLANTA GA 30309 | | 3.4. CITY-ST-ZIP | Dalles, T20 75201 | |
| TITLE | DST | DETELE | 4.1 TITLE | 1) | Change Addition |
| NAME | ROSSETTI, JOHN P | | 4. 2 NAME | Bell, Daniel M | |
| STREET ADDRESS | 1201 W. PEACHTREE STREET | N.E., SUITE 1800 | 43 STREET ADDRESS | Beil, Daniel M 1910 Pacific Ave, Suite 160 | 76 |
| CITY - ST - ZIP | ATLANTA GA 30309 | | 4.4 CITY - ST - ZIP | 1)x)145, Tz 75201 | |
| TITLE | | ☐ DELETE | 5 1 TITLE | · • | Change Addition |
| NAME | | | 5 2 NAME | | |
| STREET ADDRESS | | | 5 3 STREET ADDRESS | • | |
| CITY-ST-ZIP | | | 5.4 CITY - ST - ZIP | <u> </u> | |
| TITLE | | ☐ DELETE | 61 TITLE | | Change Addition |
| NAME | | | 62 NAME | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY - ST - ZIP | | |
| | | allow Clares shows a made man of 2 at any | 41 | of in Continue 440 07/08/3. Classical Chatalance 3.5 officer and | autifications than independent |

14. Thereby 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 supplieriental minural 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 this 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 officer or officer or on an officer or on an officer or officer or on an officer or officer or on an officer or officer