F98000001559

DOCUMENT # 1. Entity Name

LIFE OF GEORGIA AGENCY, INC.

Principal Place of Business
5780 POWERS FERRY ROAD
ATLANTA GA 30327

Mailing Address

5780 POWERS FERRY ROAD NW ATTN TAX P-3

ATLANTA GA 30327

2. Principal Place of Business	3. Mailing Address ING, Route 1261
Suite, Apt. #, etc.	Suite, Apt. #, etc.  20 Washington Ave. S.



**FILED** 

04-24-2002 90257 040 \*\*\*150.00

Apr 24, 2002 8:00 am § Secretary of State

City & State		City & State Minneapol	City & State Minneapolis, MN		4. FEI Number 58-2357470		Applied For Not Applicable
Zip	Country	<sup>Zip</sup> 55401	Country USA		5. Certificate of Status Desired		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
				Name	<del>-</del>		

CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324-2525

City

8. 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.

	e en	
9.	This corporation is eligible to satisfy its Intar Tax filing requirement and elects to do so.	ngible
	(See criteria on back)	$\Box$

Signeture typed proprieted name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Pavable to Department of State

	to the second se		•	
11.	OFFICERS AND DIF	ECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P. 🥕	<b>⊠</b> Delete	TITLE	P Change 🗆 Addition
NAME	CWIOK, JEROME J	•	NAME	Francis P. McConnell
STREET ADDRESS	5780 POWERS FERRY RD		STREET ADDRESS	5780 Powers Ferry Road NW
CITY-ST-ZIP	ATLANTÀ GA		CITY-ST-ZIP	Atlanta, GA 30327
TITLE	V	☐ Delete	TITLE	CEO titleX Change ☐ Addition
NAME	COHEN, HAROLD I		NAME	Harold I. Cohen
STREET ADDRESS	5780 POWERS FERRY RD		STREET ADDRESS	5780 Powers Ferry Rd.NW
CITY-ST-ZIP	ATLANTA GA		CITY-ST-ZIP	Atlanta, GA 30327
TITLE	S	☐ Delete	TITLE	Change
NAME	BURTON, B S	سب مسیمانی تو. د	NAME	
STREET ADDRESS	5780 POWERS FERRY RD		STREET ADDRESS	3
CITY-ST-ZIP	ATLANTA GA		CITY-ST-ZIP	
TITLE	<b>T</b>	☐ Delete	TITLE	VP/T: ☐ Change ☐ Addition
NAME	MCCONNELL, F P		NAME	David S. Pendergrass "
STREET ADDRESS	5780 POWERS FERRY RD		STREET ADDRESS	5780 Powers Ferry Road, NW
CITY-ST-ZIP	ATLANTA GA		CITY-ST-ZIP	Atlanta, GA 30327
TITLE	D	Delete	TITLE	☐ Change ☐ Addition
NAME	THOMPSON, JAMES D		NAME	
STREET ADDRESS	5780 POWERS FERRY RD		STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA		CITY-ST-ZIP	
TITLE	AS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HENDRICKS, THOMAS M		NAME	
STREET ADDRESS	5780 POWERS FERRY RD		STREET ADDRESS	
CITY-ST-ZIP '	ATLANTA GA		CITY-ST-ZIP	

13. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR