


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

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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90041 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000001589					
1. Corporation Name CONSUMER FINANCIAL NETWORK, INC.					
Principal Place of Business 1888 EMERY STREET ATLANTA GA 30318			Mailing Address 1888 EMERY STREET ATLANTA GA 30318		
2. Principal Place of Business 21 4450 River Green Pkwy Suite, Apt. #, etc. 22 Suite 100 City & State 23 Duluth, GA Zip 30096 Country		2a. Mailing Address 26 4450 River Green Pkwy Suite, Apt. #, etc. 27 Suite 100 City & State 28 Duluth, GA Zip 30096 Country		3. Date Incorporated or Qualified 03/20/1998 4. FEI Number 58-2289037 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				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 _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	ELLIS JR, U B				
STREET ADDRESS	1180 NORTHMOOR CT.				
CITY-ST-ZIP	ATLANTA GA				
TITLE	CEO	<input checked="" type="checkbox"/> DELETE			
NAME	ROCCO, JAMES R				
STREET ADDRESS	1853 ARDMORE RD.				
CITY-ST-ZIP	ATLANTA GA				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	SWITZER, JOSEPH F				
STREET ADDRESS	300 INTREPED CUT				
CITY-ST-ZIP	ALPHARETTA GA				
TITLE	VT	<input type="checkbox"/> DELETE			
NAME	SANDRY, JAMES V				
STREET ADDRESS	5373 BLUE IRIS CT				
CITY-ST-ZIP	NORCROSS GA				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	ALTENBACH, JAMES S				
STREET ADDRESS	512 RESTON MILL LN				
CITY-ST-ZIP	MARIETTA GA				
TITLE	V	<input checked="" type="checkbox"/> DELETE			
NAME	GANLEY, JAMES P				
STREET ADDRESS	4605 AVOCCT DR				
CITY-ST-ZIP	NORCROSS GA				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	D/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	U. Bertram Ellis, Jr.				
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	PCOO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	C. Cathleen Raffaelli				
2.3 STREET ADDRESS	1795 Shippan Ave.				
2.4 CITY-ST-ZIP	Stamford, CT 06902				
3.1 TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	Joseph F Switzer				
3.3 STREET ADDRESS	320 Morning Pine Way				
3.4 CITY-ST-ZIP	Alpharetta, GA 30005				
4.1 TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME	James V. Sandry				
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	EVP/T/CFO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
6.2 NAME	M. Wayne Boylston				
6.3 STREET ADDRESS	244 Unity Dr.				
6.4 CITY-ST-ZIP	Marietta, GA 30064				

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: Sandra H. Cutler Sandra H. Cutler 02-18-99 770 291-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)