


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

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FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90041 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000003126

1. Corporation Name
CFN FINANCE, INC.

Principal Place of Business 4450 RIVER GREEN PARKWAY, SUITE 100 DULUTH GA 30096	Mailing Address 4450 RIVER GREEN PARKWAY, SUITE 100 DULUTH GA 30096
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 06/02/1998	4. FEI Number 52-2091687	Applied For <input type="checkbox"/> Not Applicable
				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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COBD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, U B JR	1.2 NAME	
STREET ADDRESS	1888 EMERY STREET, 2ND FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30318	1.4 CITY-ST-ZIP	
TITLE	PCEO <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PCOO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWITZER, JOSEPH F JR	2.2 NAME	Raffaelli, C. Cathleen
STREET ADDRESS	4450 RIVER GREEN PARKWAY, SUITE 100	2.3 STREET ADDRESS	4450 River Green Parkway Suite 100
CITY-ST-ZIP	DULUTH GA 30096	2.4 CITY-ST-ZIP	Duluth, GA 30096
TITLE	EV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDDY, USA	3.2 NAME	
STREET ADDRESS	4450 RIVER GREEN PARKWAY, SUITE 100	3.3 STREET ADDRESS	
CITY-ST-ZIP	DULUTH GA 30096	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOWBERGER, GARY L	4.2 NAME	
STREET ADDRESS	4450 RIVER GREEN PARKWAY, SUITE 100	4.3 STREET ADDRESS	
CITY-ST-ZIP	DULUTH GA 30096	4.4 CITY-ST-ZIP	
TITLE	CFO <input type="checkbox"/> DELETE	5.1 TITLE	TCFO <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDRY, JAMES V	5.2 NAME	Boylston, M. Wayne
STREET ADDRESS	1888 EMERY STREET, 2ND FLOOR	5.3 STREET ADDRESS	1888 Emery Street NW
CITY-ST-ZIP	ATLANTA GA 30318	5.4 CITY-ST-ZIP	Atlanta, GA 30318
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTENBACH, JAMES S	6.2 NAME	
STREET ADDRESS	3060 PEACHTREE RD., STE. 1100	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30305	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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra H. Cuttler 02/17/99 770 291-7000

Date

Daytime Phone #

CR2E034 (11/98)