

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004082

1. Entity Name

KPERS REALTY HOLDING #31, INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90382 045 ***150.00

734506



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3424 PEACHTREE ROAD, SUITE 800 ATTN: CORP. SEC. DEPT. ATLANTA GA 30326		Mailing Address 3424 PEACHTREE ROAD, SUITE 800 ATTN: CORP. SEC. DEPT. ATLANTA GA 30326	
2. Principal Place of Business 3424 Peachtree Rd., NE Suite, Apt. #, etc. Suite 800		3. Mailing Address Attn: Gail Knight 3424 Peachtree Rd., NE Suite, Apt. #, etc. Suite 800	
City & State Atlanta, GA		City & State Atlanta, GA	
Zip 30326	Country Fulton	Zip 30326	Country Fulton
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	
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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, STEVE L 3424 PEACHTREE ROAD, SUITE 800 ATLANTA GA 30326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Newmark, Debbie 3424 Peachtree Rd., NE, Ste. 800 Atlanta, GA 30326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERGERON, RENEE 3424 PEACHTREE RD., SUITE 800 ATLANTA GA 30326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Bergeron, Renee 3424 Peachtree Rd., NE., Ste. 800 Atlanta, GA 30326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCKEAN, THOMAS A 3424 PEACHTREE ROAD, SUITE 800 ATLANTA GA 30326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barag, Jerrold 3424 Peachtree Rd., NE, Ste. 800 Atlanta, GA 30326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SNEDEKER, PATRICIA C 3424 PEACHTREE ROAD, SUITE 800 ATLANTA GA 30326 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dignan, Amber B. 3424 Peachtree Rd., NE, Ste. 800 Atlanta, GA 30326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLINDY, PAUL 3424 PEACHTREE ROAD, SUITE 800 ATLANTA GA 30326 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AT Latham, Lori Q. 3424 Peachtree Rd., NE, Ste. 800 Atlanta, GA 30326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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

Debbie J. Newmark

3-23-01

404-848-8600

Daytime Phone #

CR2E034 (10/00)