

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G35908** (4)

1. Corporation Name

**GRANADA STREET CORPORATION**

Principal Place of Business

Mailing Address

**FOLEY & LARDNER ATTN: PETER C. LINZMEYER  
3000 K. ST., NW, SUITE 500  
WASHINGTON DC 20007-5109**

**FOLEY & LARDNER ATTN: PETER C. LINZMEYER  
3000 K. ST., NW, SUITE 500  
WASHINGTON DC 20007-5109**



2. Principal Place of Business

2a. Mailing Address

21 **PO BOX 52427**

26 **PO BOX 52427**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **2964 PEACHTREE RD; NW #700**

27 **2964 PEACHTREE RD; NW #700**

City & State

City & State

23 **ATLANTA, GA**

28 **ATLANTA, GA**

Zip

Zip

Country

Country

24 **30355-0427**

25 **USA**

29 **30355-0427**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**04/26/1983**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**52-1308600**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 607.1506, 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 the registered agent, if not applicable.

Signature, typed or printed name of the registered agent, if not applicable.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD**

STREET ADDRESS **PIELENZ, HANNS A., ESQ**

CITY-ST-ZIP **HAUPTSTRASSE 1**

**74347 BOENNIGHEIM GE**

TITLE ☐ DELETE

NAME **VSD**

STREET ADDRESS **LINZMEYER, PETER C.**

CITY-ST-ZIP **3000 K STREET, NW, STE. 500**

**WASHINGTON DC**

TITLE ☐ DELETE

NAME **V**

STREET ADDRESS **PIELENZ, CHRISTA G**

CITY-ST-ZIP **HAUPTSTRASSE 1**

**74347 BOENNIGHEIM GE**

TITLE ☐ DELETE

NAME **T**

STREET ADDRESS **KAESSLER, WOLFGANG**

CITY-ST-ZIP **SCHIKANEDERSTRASSE 12A**

**81241 MUNICH GE**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PETER C. LINZMEYER: VP & SECRETARY**

3/27/96

202-672-5365

ST 5-1-96

CR2E034 (12/95)