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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G80936** **(9)**

1. Corporation Name

MOBRIDGE CORPORATION

Principal Place of Business	Mailing Address
245 PEACHTREE CTR. AVE. STE 1100 ATLANTA GA 30303 US	245 PEACHTREE CTR. AVE. STE 1100 ATLANTA GA 30303 US

2. Principal Place of Business 21 100 COLONY SQAURE Suite, Apt. #, etc. 22 Suite 2300 City & State 23 ATLANTA GA Zip / Country 24 30303 / 25	2a. Mailing Address 26 100 COLONY SQUARE Suite, Apt. #, etc. 27 SUITE 2300 City & State 28 ATLANTA, Ga Zip / Country 29 30303 / 30

3. Date Incorporated or Qualified: 12/21/1983

3a. Date of Last Report: 02/08/1995

4. FEI Number: 59-2615573 ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE

Signature, typed or printed name of individual who executed the document (Note: Registered Agent signature required if filing separately)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CORRIGAN, RICHARD 245 PEACHTREE CTR AVE. STE. 1100 ATLANTA GA	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	500001847465 -06/03/96--01027--002 ***200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VASD HAACK, FAYE O. 245 PEACHTREE CTR. AVE.STE. 1100 ATLANTA GA	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP CHARELS P. FARRELL, JR. 100 COLONY SQUARE Suite 2300 ATLANTA, GA 30303	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VASD BARGANIER, J. MICHAEL 245 PEACHTREE CTR. AVE. ATLANTA GA 30303	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VP PATRICIA J. RATY Suite 100 COLONY SQUARE SUITE 2300 ATLANTA, GA 30303	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SMARRT, ROBERT L. 245 PEACHTREE CTR. AVE. ATLANTA GA 30303	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	ST JOHN P. ROSSETTI, Suite 2300 100 COLONY SQUARE ATLANTA, GA 30303	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	400001847464 -06/03/96--01027--001 ***8.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 added or on an attachment with an address.

SIGNATURE: _____ 4/25/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #