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

CORPORATION ANNUAL REPORT

1994-1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

INTERCREDIT CORPORATION

DOCUMENT # G83606 (5)

DO NOT WRITE IN THIS SPACE

| ✕Mailing Address | ✕Principal Place of Business |
|---|---|
| ONE SECURITIES CENTRE<br>3490 PIEDMONT RD. SUITE 1010<br>ATLANTA GA 30305 | ONE SECURITIES CENTRE<br>3490 PIEDMONT RD. SUITE 1010<br>ATLANTA GA 30305 |

If above addresses are incorrect in any way, line through incorrect information and enter correction below

| | | | |
|---|---|---|---|
| 2. Mailing Address | | 2a. Principal Place of Business | |
| 21 | 777 S. Flagler Dr | 26 | 777 S. Flagler |
| Suite, Apt. #, etc. 22 | Suite 702, East Tower | Suite, Apt. #, etc. 27 | Suite 702, East Tower |
| City & State 23 | W. Palm Beach, FL | City & State 28 | W. Palm Beach, FL |
| Zip 24 | 33401 | Zip 29 | 33401 |
| Country 25 | USA | Country 30 | USA |

3. Date Incorporated or Qualified: 02/06/1984
3a. Date of Last Report: 04/27/1993
4. FEI Number: 58-1556516 (Applied For / Not Applicable)
5. Certificate of Status Desired: $8.75 (Attached / To Be Mailed)
6. Election Campaign Financing Trust Fund Contribution: $5.00 May Be Added to Fees
7. Nonprofit Exempt from $138.75 Supplemental Fee
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes / ☒ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD<br>PLANTATION FL 33324 | 81 Name: Karla Krewer<br>82 Street Address (P.O. Box Number is Not Acceptable): 777 S. Flagler Drive<br>83: Suite 702, East Tower<br>84 City: W. Palm Beach FL 85 Zip Code: 33401 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| 11 TITLE | P/C | 11 TITLE | PC |
| 12 NAME | MATTHEWS, DOUGLAS G. | 12 NAME | Douglas G. Matthews |
| 13 STREET ADDRESS | ✕3490 PIEDMONT RD. | 13 STREET ADDRESS | 2882 Polo Island Drive |
| 14 CITY ST ZIP | ✕ATLANTA GA | 14 CITY ST ZIP | W. Palm Beach, FL 33414 |
| 21 TITLE | ✕S | 21 TITLE | S |
| 22 NAME | ✕CAPUTO KATHRYN E. | 22 NAME | Karla Krewer |
| 23 STREET ADDRESS | ✕230 PEACHTREE STREET, NW STE 2400 | 23 STREET ADDRESS | 777 S. Flagler Drive, Suite 702 |
| 24 CITY ST ZIP | ✕ATLANTA GA | 24 CITY ST ZIP | W. Palm Beach, FL 33401 |
| 31 TITLE | ✕D | 31 TITLE | |
| 32 NAME | ✕ALEXANDER, MIKE L. | 32 NAME | |
| 33 STREET ADDRESS | ✕6545 OLD RIVERSIDE DR | 33 STREET ADDRESS | |
| 34 CITY ST ZIP | ✕ATLANTA GA | 34 CITY ST ZIP | |
| 41 TITLE | | 41 TITLE | |
| 42 NAME | | 42 NAME | |
| 43 STREET ADDRESS | | 43 STREET ADDRESS | |
| 44 CITY ST ZIP | | 44 CITY ST ZIP | |
| 51 TITLE | | 51 TITLE | |
| 52 NAME | | 52 NAME | |
| 53 STREET ADDRESS | | 53 STREET ADDRESS | |
| 54 CITY ST ZIP | | 54 CITY ST ZIP | |
| 61 TITLE | | 61 TITLE | |
| 62 NAME | | 62 NAME | |
| 63 STREET ADDRESS | | 63 STREET ADDRESS | |
| 64 CITY ST ZIP | | 64 CITY ST ZIP | |

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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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Douglas G. Matthews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 April 95
Date

Caption Page 1