FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 13 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H45663** **(2)**

1. Corporation Name
LS-16 CORPORATION

300001456243
-04/14/95--01011--006
****208.75 ****208.75

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified: **03/06/1985**
3a. Date of Last Report: **04/11/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-2627871** ☐ 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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☑ Change ☐ Addition D/P
NAME	SMARTT, ROBERT L.	12 NAME	Deborah Y. Chandler
STREET ADDRESS	245 PEACHTREE CTR AVE. STE 1100	13 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100
CITY ST ZIP	ATLANTA GA	14 CITY ST ZIP	Atlanta, GA. 30303
TITLE	DV	21 TITLE	☐ Change ☐ Addition D/VP/AS
NAME	CORRIGAN, RICHARD	22 NAME	Richard Corrigan
STREET ADDRESS	245 PEACHTREE CTR AVE, STE 1100	23 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100
CITY ST ZIP	ATLANTA GA	24 CITY ST ZIP	Atlanta, GA. 30303
TITLE	DST	31 TITLE	☑ Change ☐ Addition D/ST
NAME	STRICKLAND, EDD	32 NAME	J. Michael Barganier
STREET ADDRESS	245 PEACHTREE CTR. AVE. STE 1100	33 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100
CITY ST ZIP	ATLANTA GA	34 CITY ST ZIP	Atlanta, GA. 30303
TITLE		41 TITLE	☐ Change ☑ Addition VP/AS- officer only
NAME		42 NAME	Faye O. Haack
STREET ADDRESS		43 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100
CITY ST ZIP		44 CITY ST ZIP	Atlanta, GA. 30303
TITLE		51 TITLE	☐ Change ☑ Addition VP/AS - officer only
NAME		52 NAME	Lamar V. Hallman
STREET ADDRESS		53 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100
CITY ST ZIP		54 CITY ST ZIP	Atlanta, GA. 30303
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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 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.

SIGNATURE: Deborah Y. Chandler 4/10/95 (404)-230-6378
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING OFFICER OR DIRECTOR — Date — Daytime Phone #
Deborah Y. Chandler, President LW 4-13-95

0000078 CP