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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # K39999 (3)

1. Corporation Name
SUNDIAL - RIVER'S EDGE, INC.

Principal Place of Business
100 COLONY SQ. BOX 68
STE. #2200
ATLANTA GA 30361
US

Mailing Address
100 COLONY SQ. BOX 68
STE. #2200
ATLANTA GA 30361-6206
US

3. Date Incorporated or Qualified: 10/20/1988
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2931348 ☐ 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

2. Principal Place of Business
21 %FDIC 1201 W. Peachtree ST.,N.E.
Suite, Apt #, etc.
22 Suite 1800
City & State
23 Atlanta, GA
Zip
24 30309
Country
25

2a. Mailing Address
26 %FDIC 1201 W. Peachtree ST.,N.E.
Suite, Apt #, etc.
27 Suite 1800
City & State
28 Atlanta, GA
Zip
29
Country
30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	LOCKWOOD, LAWRENCE W.	1.2 NAME	Lockwood, Lawrence W.
STREET ADDRESS	100 COLONY SQ. BOX 68	1.3 STREET ADDRESS	1201 W. Peachtree ST, N.E., Suite 1800
CITY-ST-ZIP	ATLANTA GA 30361	1.4 CITY-ST-ZIP	Atlanta, GA 30309
TITLE	DVPS ☐ DELETE	2.1 TITLE	D/VP/AS ☒ Change ☐ Addition
NAME	RAY, PATRICIA J	2.2 NAME	Ray, Patricia J.
STREET ADDRESS	100 COLONY SQ. BOX 68	2.3 STREET ADDRESS	1201 W. Peachtree St. N.E., Suite 1800
CITY-ST-ZIP	ATLANTA GA 30361	2.4 CITY-ST-ZIP	Atlanta, GA 30309
TITLE	DVPS ☐ DELETE	3.1 TITLE	D/VP/S ☒ Change ☐ Addition
NAME	FARRELL, CHARLES P	3.2 NAME	Farrell, Charles P.
STREET ADDRESS	100 COLONY SQ. BOX 68	3.3 STREET ADDRESS	1201 W. Peachtree St., N.E., Suite 1800
CITY-ST-ZIP	ATLANTA GA 30361	3.4 CITY-ST-ZIP	Atlanta, Ga 30309
TITLE	DAST ☐ DELETE	4.1 TITLE	D/AS/AT ☒ Change ☐ Addition
NAME	CORRIGAN, RICHARD	4.2 NAME	Corrigan, Richard
STREET ADDRESS	100 COLONY SQ. BOX 68	4.3 STREET ADDRESS	1201 W. Peachtree St., N.E., Suite 1800
CITY-ST-ZIP	ATLANTA GA 30361	4.4 CITY-ST-ZIP	Atlanta, GA 30309
TITLE	DST ☐ DELETE	5.1 TITLE	D/S/T ☒ Change ☐ Addition
NAME	ROSSETTI, JOHN P	5.2 NAME	Rossetti, John P.
STREET ADDRESS	100 COLONY SQ. BOX 68	5.3 STREET ADDRESS	1201 W. Peachtree St., N.E., Suite 1800
CITY-ST-ZIP	ATLANTA GA 30361	5.4 CITY-ST-ZIP	Atlanta, GA 30309
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: [signature] (404) 817-2567

Patricia J. Ray, ~~President~~ DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/96)