

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K40001 (5)
 1. Corporation Name
TBC ATRIUM, INC.



Principal Place of Business C/O G.E. CAPITAL INVESTMENT ADVISORS 444 MARKET ST SUITE 2100 SAN FRANCISCO CA 94111	Mailing Address C/O G.E. CAPITAL INVESTMENT ADVISORS 444 MARKET ST SUITE 2100 SAN FRANCISCO CA 94111
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/20/1988	
4. FEI Number 04-3047010		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	OP	<input type="checkbox"/> DELETE		1.1 TITLE	DVPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MAC FARLANE, VICTOR B			1.2 NAME	Markus Trice		
STREET ADDRESS	444 MARKET ST SUITE 2100			1.3 STREET ADDRESS	444 Market Street, Suite 2100		
CITY-ST-ZIP	SAN FRANCISCO CA 94111			1.4 CITY-ST-ZIP	San Francisco, CA 94111		
TITLE	VPAS	<input type="checkbox"/> DELETE		2.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRADLEY, DANIEL J			2.2 NAME	Tom Klugherz		
STREET ADDRESS	444 MARKET ST SUITE 2100			2.3 STREET ADDRESS	444 Market Street, Suite 2100		
CITY-ST-ZIP	SAN FRANCISCO CA 94111			2.4 CITY-ST-ZIP	San Francisco, CA 94111		
TITLE	DVPS	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	DVPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BINKLEY, GERALD D			3.2 NAME	Jerry Wong		
STREET ADDRESS	444 MARKET ST SUITE 2100			3.3 STREET ADDRESS	444 Market Street, Suite 2100		
CITY-ST-ZIP	SAN FRANCISCO CA 94111			3.4 CITY-ST-ZIP	San Francisco, CA 94111		
TITLE	DVPT	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	VPAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEVESQUE, ROGER R			4.2 NAME	Andrew Kang		
STREET ADDRESS	444 MARKET ST SUITE 2100			4.3 STREET ADDRESS	444 Market Street, Suite 2100		
CITY-ST-ZIP	SAN FRANCISCO CA 94111			4.4 CITY-ST-ZIP	San Francisco, CA 94111		
TITLE	DVP	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	VPAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	EVANS, MICHAEL S			5.2 NAME	Jill Hatton		
STREET ADDRESS	444 MARKET ST SUITE 2100			5.3 STREET ADDRESS	444 Market Street, Suite 2100		
CITY-ST-ZIP	SAN FRANCISCO CA 94111			5.4 CITY-ST-ZIP	San Francisco, CA 94111		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	Fernando Nasmyth		
STREET ADDRESS				6.3 STREET ADDRESS	444 Market Street, Suite 2100		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	San Francisco, CA 94111		

14. I 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 _____ February 3, 1998 (415) 422-3330

CF2E034 (10/97)