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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90106 044 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K40001

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/20/1988	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 04-3047010	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DPAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAC FARLANE, VICTOR B	1.2 NAME	Jill S. Hatton
STREET ADDRESS	444 MARKET ST SUITE 2100	1.3 STREET ADDRESS	One Boston Place, Ste. 1810
CITY-ST-ZIP	SAN FRANCISCO CA 94111	1.4 CITY-ST-ZIP	Boston, MA 92108
TITLE	VPAS <input type="checkbox"/> DELETE	2.1 TITLE	VPT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADLEY, DANIEL J	2.2 NAME	Kathy N. Fell
STREET ADDRESS	444 MARKET ST SUITE 2100	2.3 STREET ADDRESS	444 Market St. Suite 2100
CITY-ST-ZIP	SAN FRANCISCO CA 94111	2.4 CITY-ST-ZIP	San Francisco, CA 94111
TITLE	DVPT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DVPS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WONG, JERRY	3.2 NAME	Thomas C. Klugherz
STREET ADDRESS	444 MARKET ST SUITE 2100	3.3 STREET ADDRESS	444 Market St., Suite 2100
CITY-ST-ZIP	SAN FRANCISCO CA 94111	3.4 CITY-ST-ZIP	San Francisco, CA 94111
TITLE	VPAT <input type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANG, ANDREW	4.2 NAME	Lisa Mitchelson
STREET ADDRESS	444 MARKET ST SUITE 2100	4.3 STREET ADDRESS	One Boston Place, Ste. 1810
CITY-ST-ZIP	SAN FRANCISCO CA 94111	4.4 CITY-ST-ZIP	Boston, MA 92108
TITLE	VPAS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATTON, JILL	5.2 NAME	
STREET ADDRESS	444 MARKET ST SUITE 2100	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASMYTH, FERNANDO	6.2 NAME	
STREET ADDRESS	444 MARKET ST STE 2100	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Kathy N. Fell **REQUIRED** Kathy N. Fell, VPT 415-433-7770
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)