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 JAN 23 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K96681 (7)

1. Corporation Name
GENERAL TRUST CORPORATION

100001393201
-01/30/95--01084--010
******8.75 ******8.75
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
245 PEACHTREE CENTER AVE SUITE 1100 ATLANTA GA 30303	245 PEACHTREE CENTER AVE SUITE 1100 ATLANTA GA 30303

3. Date Incorporated or Qualified: 06/20/1989
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (30)
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
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
100001393201
01/30/95--01084--011
33
34 City FL 33 Zip Code
****200.00 ****200.00

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
NAME	CORRIAN, RICHARD	12 NAME	McQueen, John M. (Resigned 12/30/94)
STREET ADDRESS	245 PEACHTREE CENTER AVE, SUITE 1100	13 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	Director, President ☐ Change ☒ Addition
NAME	MCQUEEN, JOHN M	22 NAME	Richard Corrigan
STREET ADDRESS	245 PEACHTREE CENTER AVE, SUITE 1100	23 STREET ADDRESS	245 Peachtree Center Ave., N.E., #1100
CITY-ST-ZIP	ATLANTA GA	24 CITY-ST-ZIP	Atlanta, GA 30303
TITLE	DST	31 TITLE	Director, V.P., Asst. Secy ☐ Change ☒ Addition
NAME	DAVIS, JOSEPH M	32 NAME	Deborah Y. Chandler
STREET ADDRESS	245 PEACHTREE CENTER AVE, SUITE 1100	33 STREET ADDRESS	245 Peachtree Center Ave., N.E., #1100
CITY-ST-ZIP	ATLANTA GA	34 CITY-ST-ZIP	Atlanta, GA 30303
TITLE		41 TITLE	Director, V.P., Asst. Secy ☐ Change ☒ Addition
NAME		42 NAME	Faye O. Haack
STREET ADDRESS		43 STREET ADDRESS	245 Peachtree Center Ave., N.E., #1100
CITY-ST-ZIP		44 CITY-ST-ZIP	Atlanta, GA 30303
TITLE		51 TITLE	Director, V.P., Asst. Secy ☐ Change ☒ Addition
NAME		52 NAME	Robert L. Smartt
STREET ADDRESS		53 STREET ADDRESS	245 Peachtree Center Ave., N.E., #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	

1/23/95 mst

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: _____, Richard Corrigan, President, 1-13-95 (404) 225-5062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0003066 CP