CORPORATION ANNUAL REPORT 1995

FLORIDA Department of State
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 APR 18 PM 5:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L59900 (5)

1. Corporation Name
JEDI, INC.

Principal Place of Business	Mailing Address
285 PEACHTREE CTR. AVE. STE.300 ATLANTA GA 30303 US	P.O. BOX 56786 ATLANTA GA 30343 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1990	3a. Date of Last Report: 04/27/1994
4. FEI Number: 65-0186690	☐ 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	2a. Mailing Address
21 1201 W.Peachtree ST, NE	26 1201 W.Peachtree ST, NE
Suite, Apt. #, etc. 22 Suite 1800	Suite, Apt. #, etc. 27 Suite 1800
City & State 23 Atlanta, Georgia	City & State 28 Atlanta, Georgia
Zip / Country 24 30309-3415 / 25 US	Zip / Country 29 30309-3415 / 30 US

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS ST.
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

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 required for new registered agent and the corporation) (NOTE: New registered agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☑ Change ☐ Addition
NAME	RAY, PATRICIA J	12 NAME	
STREET ADDRESS	285 PEACHTREE CTR. AVE. STE. 300	13 STREET ADDRESS	1201 W.Peachtree ST,NE, Suite 1800
CITY ST ZIP	ATLANTA GA 30303	14 CITY ST ZIP	Atlanta, Georgia 30309-3415
TITLE	DV	21 TITLE	☑ Change ☐ Addition
NAME	CUMMINS, MICHAEL G	22 NAME	
STREET ADDRESS	285 PEACHTREE CTR AVE. STE. 300	23 STREET ADDRESS	1201 W.Peachtree ST, NE, Suite 1800
CITY ST ZIP	ATLANTA GA 30303	24 CITY ST ZIP	Atlanta, Georgia 30309-3415
TITLE	D	31 TITLE	☑ Change ☐ Addition
NAME	PAYNE, RICHARD	32 NAME	
STREET ADDRESS	285 PEACHTREE CTR AVE. STE. 300	33 STREET ADDRESS	1201 W.Peachtree ST,NE, Suite 1800
CITY ST ZIP	ATLANTA GA 30303	34 CITY ST ZIP	Atlanta, Georgia 30309-3415
TITLE	S	41 TITLE	☑ Change ☐ Addition
NAME	TINDALL, FRANK	42 NAME	
STREET ADDRESS	285 PEACHTREE CTR. AVE. STE. 300	43 STREET ADDRESS	1201 W.Peachtree ST, NE, Suite 1800
CITY ST ZIP	ATLANTA GA 30303	44 CITY ST ZIP	Atlanta, Georgia 30309-3415
TITLE	T	51 TITLE	☑ Change ☐ Addition
NAME	FERREBEE, SUBRENA	52 NAME	
STREET ADDRESS	285 PEACHTREE CTR. AVE. STE. 300	53 STREET ADDRESS	1201 W.Peachtree ST,NE, Suite 1800
CITY ST ZIP	ATLANTA GA 30303	54 CITY ST ZIP	Atlanta, Georgia 30309-3415
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: _____ 4/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Telephone Number #

0008366 CF