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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 # **L87660** **(1)**

1. Corporate Name
COURT HOUSE CENTER, INC.

Principal Place of Business
1201 W PEACHTREE ST NE
SUITE 1800
ATLANTA GA 30309-3415
US

Mailing Address
1201 W PEACHTREE ST NE
SUITE 1800
ATLANTA GA 30309-3415
US

3. Date Incorporated or Qualified: 07/18/1990
3a. Date of Last Report: 04/22/1996

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 Fulton

2a. Mailing Address
26 % FDIC 1201 W. Peachtree ST, N.E.
Suite, Apt. #, etc.
27 Suite 1800
City & State
28 Atlanta, GA
Zip 29 30309
Country 30 Fulton

4. FEI Number: 65-0206727 — 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

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORRATION 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: (Signature of the person listed as the name of the registered agent (and/or officer, if applicable) NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DSP ☐ DELETE
NAME	RAY, PATRICIA J
STREET ADDRESS	1201 W PEACHTREE ST NE SUITE 1800
CITY-ST-ZIP	ATLANTA GA
TITLE	D ☐ DELETE
NAME	CUMMINS, MICHAEL G
STREET ADDRESS	1201 W PAECHTREE ST NE SUITE 1800
CITY-ST-ZIP	ATLANTA GA
TITLE	DV XX DELETE
NAME	PAYNE, RICHARD
STREET ADDRESS	1201 W PEACHTREE ST NE SUITE 1800
CITY-ST-ZIP	ATLANTA GA
TITLE	VS XX DELETE
NAME	NATSON, RONALD
STREET ADDRESS	1201 W PEACHTREE ST NE SUITE 1800
CITY-ST-ZIP	ATLANTA GA
TITLE	T ☐ DELETE
NAME	FERREBEE, SUBRENA
STREET ADDRESS	1201 W PEACHTREE ST NE SUITE 1800
CITY-ST-ZIP	ATLANTA GA 15
TITLE	DV ☐ DELETE
NAME	FARRELL, CHARLES P.
STREET ADDRESS	1201 W PEACH TREE ST NE SUITE 1800
CITY-ST-ZIP	ATLANTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: 3/24/97 (404) 817-2567

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

0011629