FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

4-24-96 B- 4341 -NC

DOCUMENT # **P00214** (7)

1. Corporation Name

J.E. HANGER, INC., OF GEORGIA

Principal Place of Business	Mailing Address
5010 MCGINNIS FERRY RD. P.O. BOX 406 ALPHARETTA GA 30202-3919	5010 MCGINNIS FERRY RD. P.O. BOX 406 ALPHARETTA GA 30239 US

3. Date Incorporated or Qualified: **12/09/1983**
3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **58-0276760** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, typed or printed name of registered agent and date. Required. (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	THRANHARDT, H. E.		1.2 NAME	
STREET ADDRESS	5010 MCGINNIS FERRY RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA		1.4 CITY-ST-ZIP	
TITLE	SDV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TIDWELL, A. G.		2.2 NAME	
STREET ADDRESS	5010 MCGINNIS FERRY RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MCKEEVER, D.A.		3.2 NAME	
STREET ADDRESS	5010 MCGINNIS FERRY RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA		3.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MCNEILL, J. D.		4.2 NAME	
STREET ADDRESS	5010 MCGINNIS FERRY RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MCKEEVER, D.A. JR.		5.2 NAME	
STREET ADDRESS	5010 MCGINNIS FERRY RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA		5.4 CITY-ST-ZIP	
TITLE	CFO	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SCHLESINGER, M. L.		6.2 NAME	
STREET ADDRESS	5010 MCGINNIS FERRY RD		6.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA		6.4 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)(k), 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: _____ M. L. Schlesinger 4/19/96 770-442-9870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)