


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90014 012 ***150.00

DOCUMENT # P00638 1. Entity Name CNL/RESOURCE MARKETING CORPORATION					
Principal Place of Business P.O. BOX 6097 MACON, GA 31213			Mailing Address P.O. BOX 6097 MACON, GA 31213		
2. Principal Place of Business 2960 RIVERSIDE DRIVE Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 6097 Suite, Apt. #, etc.			
City & State MACON, GA		City & State MACON, GA		4. FEI Number 58-1416352	
Zip 31204		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
*SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP KELLY, E. DOYLE <input type="checkbox"/> Delete 2960 RIVERSIDE DRIVE MACON, GA 31204		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KELLY, ERNEST DOYLE 2960 RIVERSIDE DRIVE MACON, GA 31204	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete BARTON, JOHN 2960 RIVERSIDE DRIVE MACON, GA 31204		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BARTON, JOHN RITTER ONE AMERICAN SQUARE INDIANAPOLIS, IN 46282-0001	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete MCGOLDRICK, DONNA K 2960 RIVERSIDE DRIVE MACON, GA 31204		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GREENE, CHRISTOPHER ROBERT 2960 RIVERSIDE DRIVE MACON, GA 31204	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete GREENE, CHRIS 2960 RIVERSIDE DRIVE MACON, GA 31204		SEE ADDITIONAL SHEETS <input type="checkbox"/> Change <input type="checkbox"/> Addition FOR ADDITIONS TO OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Chris Greene</i> VP/CFO <i>Chris Greene</i> 1/7/04 478-477-0400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Attachment
Doc # 00638
44001489

CNL/Resource Marketing Corporation
Additions to Officers and Directors

Addition:

Title: V
Name Datillo, John August
Street Address 2960 Riverside Drive
City-ST-Zip Macon, GA 31204

Addition:

Title: V
Name McClellan, Terry Acton
Street Address 2960 Riverside Drive
City-ST-Zip Macon, GA 31204

Addition:

Title: V
Name Stutler, Kevin Patrick
Street Address One American Square
City-ST-Zip Indianapolis, IN 46282-0001

Addition:

Title: D
Name Lund, Constance Ellen
Street Address One American Square
City-ST-Zip Indianapolis, IN 46282-0001

Addition:

Title: D
Name Plummer, Jerry Lee
Street Address One American Square
City-ST-Zip Indianapolis, IN 46282-0001

Addition:

Title: D
Name Semler, Jerry Doran
Street Address One American Square
City-ST-Zip Indianapolis, IN 46282-0001

Addition:

Title: SD
Name Zurek, Thomas Michael
Street Address One American Square
City-ST-Zip Indianapolis, IN 46282-0001

Cella et al.
Don # P00638
44001489

Addition:

Title:	D
Name	Molendorp, Dayton
Street Address	One American Square
City-ST-Zip	Indianapolis, IN 46282-0001