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PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P03072** **(6)**

1. Corporation Name

GIAC LEASING CORPORATION

Principal Place of Business	Mailing Address
THREE RAVINIA DRIVE SUITE 2000 ATLANTA GA 30346-9149	THREE RAVINIA DRIVE SUITE 2000 ATLANTA GA 30346-9149

3. Date Incorporated or Qualified: 08/16/1984	3a. Date of Last Report: 05/01/1995
4. FEI Number: 62-0800580	☐ 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 WE HAVE FILED.	

2. Principal Place of Business	2a. Mailing Address
21 THREE RAVINIA DR. # 2900	26 THREE RAVINIA DR. # 2900
Suite, Apt. #, etc.: 22 C/O CORPORATE TAX	Suite, Apt. #, etc.: 27 C/O CORPORATE TAX
City & State: 23 ATLANTA, GA.	City & State: 28 ATLANTA, GA.
Zip: 24 30346-2149 Country: 25	Zip: 29 30346-2149 Country: 30

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 title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SINYARD, DAVID B 3 RAVINIA DR, STE 2000 ATLANTA GA	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/D SINYARD, DAVID B. THREE RAVINIA DR. - SUITE 2900 ATLANTA, GA. 30346-2149	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GOODSON, MICHAEL L. THREE RAVINA DR STE 2000 ATLANTA GA	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V GOODSON, MICHAEL L. THREE RAVINIA DR. - SUITE 2900 ATLANTA, GA. 30346-2149	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC STALEY, GRAHAM D 3 RAVINIA DR, STE 2000 ATLANTA GA	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	C/D STALEY, GRAHAM D. THREE RAVINIA DR. - SUITE 2900 ATLANTA, GA. 30346-2149	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SINYARD, DAVID B THREE RAVINIA DR. STE 2000 ATLANTA GA 30346-2149	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T SINYARD, DAVID B. THREE RAVINIA DR. - SUITE 2900 ATLANTA, GA. 30346-2149	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SMITH, STEVEN W. THREE RAVINIA DRIVE, SUITE 2000 ATLANTA GA 30346-2149	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	S SMITH, STEVEN W. THREE RAVINIA DR. - SUITE 2900 ATLANTA, GA. 30346-2149	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RODOIAKIS, ANTHONY G. THREE RAVINIA DRIVE, SUITE 2000 ATLANTA GA 30346-2149	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	V/D RODOLAKIS, ANTHONY G. THREE RAVINIA DR. - SUITE 2900 ATLANTA, GA. 30346-2149	☒ Change ☐ Addition

CR2E034 (12/95)

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: Michael L. Goodson MICHAEL L. GOODSON 4/22/96 770-604-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Directors and Officers
GIAC Leasing Corporation

DIRECTORS:

Anthony G Rodolakis	Director
David B Sinyard	Director
Graham D Staley	Director

OFFICERS:

Thomas H Brettschneider	Vice President
Michael L Goodson	Vice President
Shawn M Greenberg	Assistant Secretary
Anthony G Rodolakis	Vice President
William J Shea	Vice President
David B Sinyard	Treasurer
	President
Steven W Smith	Secretary
Graham D Staley	Chairman
Jon S Wright	Vice President