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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P03072

(6)

1. Corporation Name

GIAC LEASING CORPORATION



Principal Place of Business

THREE RAVINIA DRIVE #2800
C/O CORPORATE TAX
ATLANTA GA 30348-9149
US

Mailing Address

THREE RAVINIA DRIVE #2800
C/O CORPORATE TAX
ATLANTA GA 30346-2143
US

3. Date Incorporated or Qualified

08/16/1984

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 THREE RAVINIA DR, STE 2900
Suite, Apt. #, etc.

2a. Mailing Address

26 THREE RAVINIA DR, STE 2900
Suite, Apt. #, etc.

22 C/O CORPORATE TAX
City & State

27 C/O CORPORATE TAX
City & State

23 ATLANTA GA

28 ATLANTA GA

24 30346-2149
Country

25 US

29 30346-2149
Country

30 US

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

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SINYARD, DAVID B	
STREET ADDRESS	3 RAVINIA DR, STE 2000	
CITY-STATE-ZIP	ATLANTA GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GOODSON, MICHAEL L.	
STREET ADDRESS	THREE RAVINIA DR STE 2000	
CITY-STATE-ZIP	ATLANTA GA	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	STALEY, GRAHAM D	
STREET ADDRESS	3 RAVINIA DR, STE 2000	
CITY-STATE-ZIP	ATLANTA GA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SINYARD, DAVID B	
STREET ADDRESS	THREE RAVINIA DR, STE 2000	
CITY-STATE-ZIP	ATLANTA GA 30346-2149	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SMITH, STEVEN W.	
STREET ADDRESS	THREE RAVINIA DRIVE, SUITE 2000	
CITY-STATE-ZIP	ATLANTA GA 30346-2149	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RODOIAKIS, ANTHONY G.	
STREET ADDRESS	THREE RAVINIA DRIVE, SUITE 2000	
CITY-STATE-ZIP	ATLANTA GA 30346-2149	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	REAVLEY, MARTIN J.	
1.3 STREET ADDRESS	THREE RAVINIA DR, STE 2900	
1.4 CITY-STATE-ZIP	ATLANTA GA 30346-2149	
2.1 TITLE	VIT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GOODSON, MICHAEL L.	
2.3 STREET ADDRESS	THREE RAVINIA DR, STE 2900	
2.4 CITY-STATE-ZIP	ATLANTA GA 30346-2149	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SHEA, WILLIAM J.	
3.3 STREET ADDRESS	THREE RAVINIA DR, STE 2900	
3.4 CITY-STATE-ZIP	ATLANTA GA 30346-2149	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WRIGHT, JON S.	
4.3 STREET ADDRESS	THREE RAVINIA DR, STE 2900	
4.4 CITY-STATE-ZIP	ATLANTA GA 30346-2149	
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SMITH, STEVEN W.	
5.3 STREET ADDRESS	THREE RAVINIA DR, STE 2900	
5.4 CITY-STATE-ZIP	ATLANTA GA 30346-2149	
6.1 TITLE	DN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	RODOIAKIS, ANTHONY G.	
6.3 STREET ADDRESS	THREE RAVINIA DR, STE 2900	
6.4 CITY-STATE-ZIP	ATLANTA GA 30346-2149	

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL L. GOODSON

4/14/97

Date

(770) 604-2000

Daytime Phone #

0012577

CR2E034 (9/96)

04/07/1997

Directors and Officers
GIAC Leasing Corporation

DIRECTORS:

Martin J Reavley	Director
Anthony G Rodolakis	Director

OFFICERS:

Thomas H Brettschneider	Vice President
Michael L Goodson	Treasurer
Jim Grant	Vice President
Elaine R. Pope	Assistant Secretary
Martin J Reavley	Assistant Secretary
Anthony G Rodolakis	Chairman
William J Shea	Vice President
Steven W Smith	Vice President
Jon S Wright	Secretary
	Vice President