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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P06713 (2)
1. Corporation Name
HBO & COMPANY OF GEORGIA



Principal Place of Business Mailing Address
301 PERIMETER CENTER NORTH 301 PERIMETER CENTER NORTH
ATLANTA GA 30346 ATLANTA GA 30346-2402

3. Date Incorporated or Qualified 07/12/1985 3a. Date of Last Report 04/18/1996
4. FEI Number 58-1606192 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

2. Principal Place of Business 2b. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCCALL, CHARLES W	
STREET ADDRESS	301 PERIMETER CTR N	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MC CARTY, MICHAEL W	
STREET ADDRESS	301 PERIMETER CENTER N.	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	GILBERT, JAMES A.	
STREET ADDRESS	301 PERIMETER CENTER N.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SCHENK, DAVID A.	
STREET ADDRESS	301 PERIMETER CENTER NORTH	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	GILBERTSON, JAY P	
STREET ADDRESS	301 PERIMETER CENTER N.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KAPPEL, MICHAEL L	
STREET ADDRESS	301 PERIMETER CENTER N.	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Executive Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Albert Bergonzi
2.3 STREET ADDRESS	301 Perimeter Center North
2.4 CITY-ST-ZIP	Atlanta, GA 30346
3.1 TITLE	VP/Asst Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jay M. Lapine
3.3 STREET ADDRESS	301 Perimeter Center North
3.4 CITY-ST-ZIP	Atlanta, GA 30346
4.1 TITLE	VP/Controller <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Timothy S. Hoyerdaal
4.3 STREET ADDRESS	301 Perimeter Center North
4.4 CITY-ST-ZIP	Atlanta, GA 30346
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 under 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: *Timothy S. Hoyerdaal* REQUIRED
Signature and Title or Printed Name of Signing Officer or Director
Vice President Controller
Accounting Officer

CR2E034 (9/96)