

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90025 018 \*\*\*150.00

DOCUMENT # P06713

1. Corporation Name

HBO & COMPANY OF GEORGIA

Principal Place of Business

Mailing Address

PERIMETER CENTER NORTH  
ATLANTA GA 30346

301 PERIMETER CENTER NORTH  
ATLANTA GA 30346



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1985

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

| TITLE | NAME                 | STREET ADDRESS             | CITY-ST-ZIP      | TITLE                                      | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|----------------------|----------------------------|------------------|--|------|----------------|-------------|
| PD    | MCCALL, CHARLES W    | 301 PERIMETER CTR N        | ATLANTA GA       | <input checked="" type="checkbox"/> DELETE |      |                |             |
| PCOC  | BERGONZI, ALBERT     | 301 PERIMETER CENTER NORTH | ATLANTA GA       | <input type="checkbox"/> DELETE            |      |                |             |
| SVPS  | LAPINE, JAY M        | 301 PERIMETER CENTER NORTH | ATLANTA GA       | <input type="checkbox"/> DELETE            |      |                |             |
| VPTO  | HAYERDAHL, TIMOTHY S | 301 PERIMETER CENTER NORTH | ATLANTA GA       | <input checked="" type="checkbox"/> DELETE |      |                |             |
| PCST  | GILBERTSON, JAY P    | 301 PERIMETER CENTER N.    | ATLANTA GA       | <input checked="" type="checkbox"/> DELETE |      |                |             |
| D     | MCCALL, CHARLES W    | 301 PERIMETER CENTER N     | ATLANTA GA 30346 | <input type="checkbox"/> DELETE            |      |                |             |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | 2.1 TITLE  | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP |
|-----------|----------|--------------------|-----------------|--|----------|--------------------|-----------------|
|           |          |                    |                 | President + Chief operating officer                    |          |                    |                 |
|           |          |                    |                 | Secretary, Sr. Vice President, + Counsel               |          |                    |                 |
|           |          |                    |                 | Chief Financial Officer, Treasurer, Sr. Vice President |          |                    |                 |
|           |          |                    |                 | DAVID HELD   |          |                    |                 |
|           |          |                    |                 | 301 PERIMETER CENTER NORTH                             |          |                    |                 |
|           |          |                    |                 | ATLANTA GA 30346                                       |          |                    |                 |

14. 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 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, with all other like empowered.

SIGNATURE:

*Don J. Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99

Date

770-393-6038

Daytime Phone #

CR2E034 (1/198)