FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P06803** **(1)**

1. Corporation Name

KEOGLER, MORGAN & COMPANY, INC.

Principal Place of Business
100 GALLERIA PARKWAY, STE. 1600
ATLANTA GA 30339-5906

Mailing Address
100 GALLERIA PARKWAY, STE. 1600
ATLANTA GA 30339-5906

3. Date Incorporated or Qualified: 07/19/1985
3a. Date of Last Report: 04/12/1995
4. FEI Number: 58-1621983 — 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 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 _____ (NOTE: Registered Agent signature required before processing) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	COB	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KEOGLER, WILLIAM H. JR.		1.2 NAME		
STREET ADDRESS	469 ATLANTA COUNTRY CLUB		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA		1.4 CITY-ST-ZIP		
TITLE	SVP	☐ DELETE	2.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	PETROSKI, ELEANOR L.		2.2 NAME		
STREET ADDRESS	4201 NAVAJO TRAIL NE		2.3 STREET ADDRESS	290 BRICKLEBERRY DRIVE	
CITY-ST-ZIP	ATLANTA GA		2.4 CITY-ST-ZIP	ROSWELL, GA 30075-3078	
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GUERIN, CHRIS S.		3.2 NAME		
STREET ADDRESS	944 LEROSE COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GUZMAN, BARBARA L.		4.2 NAME		
STREET ADDRESS	3530 LAKESHORE DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	SMYRNA GA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CORLEY, GARLAND L		5.2 NAME		
STREET ADDRESS	12112 LOCKHART LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	SENIOR V.P. AND DIRECTOR	☐ Change ☒ Addition
NAME			6.2 NAME	JEFFREY S. CALHOUN	
STREET ADDRESS			6.3 STREET ADDRESS	6425 STAPLEFORD LANE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	DULUTH, GA 30155	

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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: JEFFREY S. CALHOUN, SVP · CFO 3/28/96 (770) 951-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #