

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

FILED

Apr 18 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 # P09281

(7)

1. Corporation Name

POST PROPERTIES, INC.

Principal Place of Business

3350 CUMBERLAND CIRCLE STE 2200
ATLANTA GA 30339

Mailing Address

3350 CUMBERLAND CIRCLE STE 2200
ATLANTA GA 30339-3340



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

02/28/1986

3a. Date of Last Report

04/26/1996

4. FEI Number

58-1550675

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 ☒

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 PT ☐ DELETE

NAME GLOVER, JOHN T
STREET ADDRESS 3350 CUMBERLAND CIR #2200
CITY-ST-ZIP ATLANTA GA 30339

TITLE SVP ☐ DELETE

NAME PETERSON, TIMOTHY A.
STREET ADDRESS 3350 CUMBERLAND CIRCLE, STE 2200
CITY-ST-ZIP ATLANTA GA 30339

TITLE C ☐ DELETE

NAME WILLIAMS, JOHN A
STREET ADDRESS 3350 CUMBERLAND CIR #2200
CITY-ST-ZIP ATLANTA GA 30339

TITLE S ☐ DELETE

NAME COHEN, SHERRY W.
STREET ADDRESS 3350 CUMBERLAND CIR #2200
CITY-ST-ZIP ATLANTA GA 30339

TITLE D ☐ DELETE

NAME PARKER, WILLIAM A.
STREET ADDRESS 3350 CUMBERLAND CIRCLE, STE 2200
CITY-ST-ZIP ATLANTA GA 30339

TITLE D ☐ DELETE

NAME BLANK, ARTHUR M
STREET ADDRESS 3350 CUMBERLAND CIRCLE STE 2200
CITY-ST-ZIP ATLANTA GA 30339

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

Shengwu Chen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/97

Date

770-850-4400

Daytime Phone

CR2E034 (9/96)