

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P09281

1. Entity Name

POST PROPERTIES, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90215 019 ***150.00

Principal Place of Business

4401 NORTHSIDE PKWY., STE. 800
ATLANTA GA 30327

Mailing Address

4401 NORTHSIDE PKWY., STE. 800
ATLANTA GA 30327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1550675**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VT
GLOVER, JOHN T
4401 NORTHSIDE PKWY., STE. 800
ATLANTA GA 30327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice Chairman ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
CARLOCK, R. BYRON JR.
4401 N.SIDE PKWY. STE 800
ATLANTA GA 30327 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Executive Vice Pres & CFO
R. Gregory Fox
4401 Northside Parkway, Suite 800
Atlanta, GA 30327 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
C
WILLIAM, JOHN A
4401 N.SIDE PKWY STE 800
ATLANTA GA 30327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Chairman and CEO ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
COHEN, SHERRY W
4401 NORTHSIDE PKWY., STE. 800
ATLANTA GA 30327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BLANK, ARTHUR M
4401 N.SIDE PKWY. STE. 800
ATLANTA GA 30327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PCOO
HARRIS, JEFFREY A
4401 NORTHSIDE PKWY., STE. 800
ATLANTA GA 30327 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President & COO
David P. Stockert
4401 Northside Parkway, Suite 800
Atlanta, GA 30327 ☒ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sherry W. Cohen

Sherry W. Cohen

4-16-01

404.846.5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)