FILE NOW: FILING FEE AFTER MAY 1ST IS \$5 0.00

4

THE PERSON NAMED IN

į.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

FILED Apr 01 1998 8:00am **PROFIT** FLORIDA DEPARTMEN CORPORATION Secretary of State ANNUAL REPORT Secretary of St 1998 DIVISION OF CORPO TIONS DOCUMENT # (9)P09807 **CROW-TERWILLIGER PROPERTIES DEVELOPMENT CORPORA** Principal Place of Business Mailing Address 2859 PACES FERRY RD., SUITE 1400 2859 PACES FERRY RD., SUITE 100 ATLANTA GA 30339 ATLANTA GA 30339 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/16/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 21 26 58-1594274 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zin 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., SUITE 105 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City 65 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) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE NAME TERWILLIGER, J. RONALD 1.2 NAME CR2E034 2859 PACES FERRY RD., SUITE 1400 1.3 STREET ADDRESS STREET ADORESS atlanta ga CITY-S1-ZIP 1.4 CITY-ST-ZIP Change DELETE 2.1 TITLE Addition ELWELL, DAVID J. NAME 2.2 NAME 2859 PACES FERRY RD., SUITE 1400 STREET ADDRESS 2.3 STREET ADDRESS ATLANTA GA CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE **VST** 3 1 TITLE PACE, RANDY J. NAME 3.2 NAME 717 NORTH HARWOOD STREET ADDRESS 3 3 STREET ADDRESS DALLAS TX CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE 4.1 TITLE Change ___ Addition TITLE AS NAME SMITH, MARY V 4 2 NAME 2859 PACES FERRY RD STE 1400 STREET ADDRESS 4.3 STREET ADORESS ATLANTA GA CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 51 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the ex-indicated on this annual report or supplemental annual report is true and accurate ar-officer or director of the corporation or the receiver or trustee empowered to execute Block 12 or Block 13 if charged, or or an attachment with an addges. SIGNATURE:

6.1 TITLE

6.2 N/ME 63 S REET ADDRESS

Y-ST-ZIP

DELETE

Change Addition

mption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information I that my signature shall have the same legal effect as if made under oath, that I am an his report as required by Chapter 607, Florida Statutes; and that my name appears in