FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 17 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P10421** **(6)**

1. Corporation Name
HILLMARK CORPORATION

Principal Place of Business	Mailing Address
1000 CIR. 75 PKWY. #140 ATLANTA GA 30339 P.O. BOX 671777 MARIETTA GA 30067	1000 CIR. 75 PKWY. #140 ATLANTA GA 30339 P.O. BOX 671777 MARIETTA GA 30067

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/12/1986
3a. Date of Last Report: 03/18/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 39-1036655 ☐ 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

9. Name and Address of Current Registered Agent

MOORE, TERRY A.
121 WEST FORSYTH ST.
SUITE 900
JACKSONVILLE FL 32201

10. Name and Address of New Registered Agent

81 Name: Robert M. Stoler
82 Street Address (P.O. Box Number is Not Acceptable): 501 E. Kennedy Blvd, Ste. 1600
83
84 City: Tampa FL 85 Zip Code: 33601

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] DATE: 4/6/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	MARKS, RICHARD S.	1.2 NAME		
STREET ADDRESS	6040 WINTERTHUR DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP		
TITLE	S	2.1 TITLE		☒ Change ☐ Addition
NAME	ROTH, ELEANOR	2.2 NAME	Reath, Eleanor	
STREET ADDRESS	13416 N. 32ND STREET #114	2.3 STREET ADDRESS		
CITY-ST-ZIP	PHOENIX AZ	2.4 CITY-ST-ZIP		
TITLE	~~P~~	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	~~LAROCCA, R, PATRICK~~	3.2 NAME	Joseph B. Marks	
STREET ADDRESS	~~9020 BLUFFVIEW DR~~	3.3 STREET ADDRESS	460 Laurel Chase Court	
CITY-ST-ZIP	~~MARIETTA GA~~	3.4 CITY-ST-ZIP	Atlanta, GA 30327	
TITLE	TD	4.1 TITLE		☒ Change ☐ Addition
NAME	MARKS, JOSEPH B	4.2 NAME		
STREET ADDRESS	2403 RIVER GREEN DRIVE	4.3 STREET ADDRESS	460 Laurel Chase Court	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: [signature] Joseph B. Marks 3/24/95 404984-0750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000033 FP