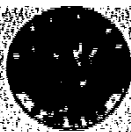


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF REVENUE
Randa B. Markham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 APR 18 PH 5:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P15622

(4)

1. Corporation Name

BOWNE OF ATLANTA, INC.

Principal Place of Business

1570 NORTHSIDE DRIVE
ATLANTA GA 30318

Mailing Address

1570 NORTHSIDE DRIVE
ATLANTA GA 30318

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/18/1987** 3a. Date of Last Report **02/15/1994**

4. FEI Number **58-1665019** 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**

7. This corporation has liability for intangible tax under S. 109.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

ROSS, JEREMY P.
BUSH, ROSS, GARDNER, WARREN & RUDY
220 SOUTH FRANKLIN
TAMPA FL 33602

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 his if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HALVERSON, LAWRENCE H.
STREET ADDRESS	1570 NORTHSIDE DRIVE
CITY - ST - ZIP	ATLANTA GA
TITLE	VD
NAME	YOUNG, TOMMY M.
STREET ADDRESS	1570 NORTHSIDE DRIVE
CITY - ST - ZIP	ATLANTA GA
TITLE	VD
NAME	MORROW, JOSEPH R.
STREET ADDRESS	1001 S BAYSHORE DR
CITY - ST - ZIP	MIAMI FL
TITLE	300 Controller
NAME	CASTILANO, JAMES A.
STREET ADDRESS	1570 NORTHSIDE DRIVE
CITY - ST - ZIP	ATLANTA GA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	☒ Change ☐ Addition
12 NAME	Reed Smith	
13 STREET ADDRESS	1570 NORTHSIDE DRIVE	
14 CITY - ST - ZIP	ATLANTA, GA 30318	
21 TITLE	Corporate Secretary	☐ Change ☒ Addition
22 NAME	Douglas F. Bavel	
23 STREET ADDRESS	345 HUDSON STREET	
24 CITY - ST - ZIP	NEW YORK, NY 10014	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	Vice President, Finance	☐ Change ☒ Addition
42 NAME	JAMES P. O'NEIL	
43 STREET ADDRESS	345 HUDSON STREET	
44 CITY - ST - ZIP	NEW YORK, NY 10014	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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 noted in Section 119.07(3)(b), 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:

James A. Castilano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-95 (404) 350-2000
Date Signature Phone #