CORPORATION ANNUAL REPORT 1995

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

FILED
95 APR 18 PM 5:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P15622 **(4)**

1. Corporation Name

BOWNE OF ATLANTA, INC.

Principal Place of Business	Mailing Address
1570 NORTHSIDE DRIVE ATLANTA GA 30318	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

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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 _____ DATE
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	11 TITLE	President	☑ Change ☐ Addition
NAME	HALVERSON, LAWRENCE H.	12 NAME	Reed Smith	
STREET ADDRESS	1570 NORTHSIDE DRIVE	13 STREET ADDRESS	1570 Northside Drive	
CITY ST ZIP	ATLANTA GA	14 CITY ST ZIP	Atlanta, GA 30318	
TITLE	VD	21 TITLE	Corporate Secretary	☐ Change ☑ Addition
NAME	YOUNG, TOMMY M.	22 NAME	Douglas F. Bauer	
STREET ADDRESS	1570 NORTHSIDE DRIVE	23 STREET ADDRESS	345 Hudson Street	
CITY ST ZIP	ATLANTA GA	24 CITY ST ZIP	New York, NY 10014	
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	MORROW, JOSEPH R.	32 NAME		
STREET ADDRESS	1001 S BAYSHORE DR	33 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP		
TITLE	~~SVP~~ Controller	41 TITLE	Vice President, Finance	☐ Change ☑ Addition
NAME	CASTILANO, JAMES A.	42 NAME	James P. O'Neil	
STREET ADDRESS	1570 NORTHSIDE DRIVE	43 STREET ADDRESS	345 Hudson Street	
CITY ST ZIP	ATLANTA GA	44 CITY ST ZIP	New York, NY 10014	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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 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: James P. Castilano 4-11-95 (404) 350-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0300057 FP