FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P16032

1. Corporation Name
The Arbor Barrington Co.

Principal Place of Business
300 Northcreek #110
3715 Northside Pkwy.
Atlanta GA 30327

Mailing Address
300 Northcreek #110
3715 Northside Pkwy.
Atlanta GA 30327

3. Date Incorporated or Qualified: 09/21/87

3a. Date of Last Report: 03/27/95

4. FEI Number: 58-1729980 — Applied For / Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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
Terry, William J.
3000 First Florida Tower
Tampa FL 33802

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 title if applicable — NOTE: Registered Agent signature required when resigning — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	Costello, M.E.	
STREET ADDRESS	300 Northcreek #110 3715 Northside Pkwy.	
CITY-ST-ZIP	Atlanta GA 30327	
TITLE	VST	☐ DELETE
NAME	Thomas, Ellison	
STREET ADDRESS	300 Northcreek #110 3715 Northside Pkwy.	
CITY-ST-ZIP	Atlanta GA 30327	
TITLE	VD	☒ DELETE
NAME	Schreeder, Charles L.	
STREET ADDRESS	127 Peachtree St NE	
CITY-ST-ZIP	Atlanta GA 30303	
TITLE	D	☐ DELETE
NAME	Flint, David H.	
STREET ADDRESS	127 Peachtree St NE	
CITY-ST-ZIP	Atlanta GA 30303	
TITLE	D	☐ DELETE
NAME	Wheeler, Warren O.	
STREET ADDRESS	127 Peachtree St NE	
CITY-ST-ZIP	Atlanta GA 30303	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***200.00

CR2E034 (12/95)

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4-15-96 — Daytime Phone #: (404) 237-4026

ELLISON THOMAS

Ck 4/19-96