

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P18950 (6)
1. Corporation Name
HUMAN AFFAIRS INTERNATIONAL, INCORPORATED

Principal Place of Business 10150 S VENTENNIAL PKWY SANDY UT 84070 US	Mailing Address 10150 S CENTENNIAL PKWY SANDY UT 84070 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10150 S. Centennial Pkwy Suite, Apt. #, etc 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 04/22/1988	
		4. FEI Number 87-0300539		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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	
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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

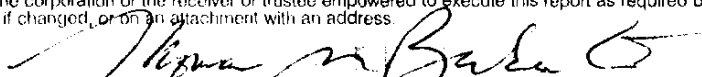
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	D/V
NAME	WILLIAMS, THOMAS R	1.2 NAME	McLure, Howard Alex
STREET ADDRESS	151 FARMINGTON AVE	1.3 STREET ADDRESS	3414 Peachtree Road NE, Suite 1400
CITY-ST-ZIP	HARTFORD CT	1.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE	CEOP	2.1 TITLE	D
NAME	WILLIAMS, JACK D	2.2 NAME	McKnight, Craig Leroy
STREET ADDRESS	488 EAST 6400 SOUTH	2.3 STREET ADDRESS	3414 Peachtree Road NE, Suite 1400
CITY-ST-ZIP	MURRAY UT	2.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE	VPT	3.1 TITLE	V/CFO/D
NAME	BENDORAITIS, THOMAS	3.2 NAME	
STREET ADDRESS	488 EAST 6400 SOUTH	3.3 STREET ADDRESS	10150 S. Centennial Parkway
CITY-ST-ZIP	MURRAY UT	3.4 CITY-ST-ZIP	Sandy City, UT 84070
TITLE	VP	4.1 TITLE	S
NAME	DAVIS, BETTY L	4.2 NAME	Smith, Bergetta Inman
STREET ADDRESS	488 EAST 6400 SOUTH	4.3 STREET ADDRESS	10150 S. Centennial Pkwy
CITY-ST-ZIP	MURRAY UT	4.4 CITY-ST-ZIP	Sandy City, UT 84070
TITLE		5.1 TITLE	D
NAME		5.2 NAME	Newlin, Linton Clarke
STREET ADDRESS		5.3 STREET ADDRESS	3414 Peachtree Road NE, Suite 1400
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE		6.1 TITLE	S
NAME		6.2 NAME	Sanford, Charlotte Anne
STREET ADDRESS		6.3 STREET ADDRESS	3414 Peachtree Road NE, Suite 1400
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Atlanta, GA 30326

14. I hereby certify that the information supplied with this filing 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:



4-28-98

801-256-7156

CP2E034 (10/97)