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 # **P24412** **(9)**

1. Corporation Name

PROJECT TIME & COST, INC.

Principal Place of Business	Mailing Address
SIXTEENTH FLOOR. LENOX TOWER SOUTH 3390 PEACHTREE RD., N.E. ATLANTA GA 30326-8108	SIXTEENTH FLOOR. LENOX TOWER SOUTH 3390 PEACHTREE RD., N.E. ATLANTA GA 30326-8108

3. Date Incorporated or Qualified: **05/19/1989**
3a. Date of Last Report: **05/01/1995**

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

4. FEI Number: **58-1482176** ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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's signature required when filing.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BROOKS, M. GENE, JR.		1.2 NAME	
STREET ADDRESS	16TH FL.3390 PEACHTRE ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RAY, MICHAEL C.		2.2 NAME	
STREET ADDRESS	16TH FL.3390 PEACHTRE ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KAMINER, JAMES H., JR.		3.2 NAME	
STREET ADDRESS	16TH FL.3390 PEACHTRE ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, KENNETH A		4.2 NAME	
STREET ADDRESS	16TH FL. 3390 PEACHTREET ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BROOKS, DONNA C.		5.2 NAME	
STREET ADDRESS	16TH FL.3390 PEACHTRE ST		5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-ST-ZIP	
TITLE	PTD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	GLENN, THOMAS K. II		6.2 NAME	
STREET ADDRESS	16TH FL. 3390 PEACHTREE		6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA		6.4 CITY-ST-ZIP	

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: Ralph R Vaccaro RALPH R. VACCARO 3/25/96 (404) 239-0220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CONTROLLER