

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

FILED  
Feb 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P25189** (2)  
1. Corporation Name  
**FAISON ATLANTA, INC.**



Principal Place of Business <b>121 W TRADE ST STE 1900 . ATTN: LEGAL DEPT CHARLOTTE NC 28202 US</b>	Mailing Address <b>121 W TRADE ST STE 1900. ATTN: LEGAL DEPT CHARLOTTE NC 28202 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>07/14/1989</b>	
4. FEI Number <b>58-1407759</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>CD FAISON, HENRY J.</b>
STREET ADDRESS	<b>121 WEST TRADE STREET, SUITE 1900</b>
CITY-ST-ZIP	<b>CHARLOTTE NC</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD NORWOOD, PHILIP W.</b>
STREET ADDRESS	<b>121 WEST TRADE STREET, SUITE 1900</b>
CITY-ST-ZIP	<b>CHARLOTTE NC</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VPD CULPEPPER IV, JAMES H.</b>
STREET ADDRESS	<b>121 WEST TRADE STREET, SUITE 1900</b>
CITY-ST-ZIP	<b>CHARLOTTE NC</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VPD EWING, MORRIS M.</b>
STREET ADDRESS	<b>FIVE CONCOURSE PARKWAY, SUITE 2000</b>
CITY-ST-ZIP	<b>ATLANTA GA</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>VPD LIPTAK, ROBERT W.</b>
STREET ADDRESS	<b>121 WEST TRADE STREET, SUITE 1900</b>
CITY-ST-ZIP	<b>CHARLOTTE NC</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Allen S. Jackson Jr.</b>
1.3 STREET ADDRESS	<b>121 W. Trade St., Suite 1900</b>
1.4 CITY-ST-ZIP	<b>Charlotte NC 28202</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

ELIZABETH M. SPENCER

CR2E034 (10/97)