


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

FILED

**Apr 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P25953 (1) 1. Corporation Name HOME DEPOT U.S.A., INC.		
Principal Place of Business 2727 PACES FERRY ROAD ATLANTA GA 30339	Mailing Address 2727 PACES FERRY ROAD ATLANTA GA 30339-4053	



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 09/08/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 58-1853319		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"/>		7. \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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			

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) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCUS, BERNARD	1.2 NAME	<i>V.P. / Treasurer</i>
STREET ADDRESS	2727 PACES FERRY RD	1.3 STREET ADDRESS	<i>Carol Tome</i>
CITY - ST - ZIP	ATLANTA GA	1.4 CITY - ST - ZIP	<i>2455 Paces Ferry Rd, Atlanta, GA 30339</i>
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANK, ARTHUR M.	2.2 NAME	
STREET ADDRESS	2727 PACES FERRY RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	2.4 CITY - ST - ZIP	
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRILL, RONALD M.	3.2 NAME	
STREET ADDRESS	2727 PACES FERRY RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENNA, ANDREW	4.2 NAME	
STREET ADDRESS	2727 PACES FERRY RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	4.4 CITY - ST - ZIP	
TITLE	C <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRBY, PRESTON	5.2 NAME	
STREET ADDRESS	2727 PACES FERRY RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: *Carol Tome* **Carol Tome** 4/4/97 (770) 433-8211
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)