

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90098 010 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P25953

1. Corporation Name
HOME DEPOT U.S.A., INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2455 PACES FERRY ROAD
ATLANTA GA 30339-4024

Mailing Address
2455 PACES FERRY ROAD
ATLANTA GA 30339-4024

3. Date Incorporated or Qualified
09/08/1989

4. FEI Number
58-1853319

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 owes the current year Intangible Personal Property Tax. Yes No

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

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

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

TITLE	CDS	<input type="checkbox"/> DELETE
NAME	MARCUS, BERNARD	
STREET ADDRESS	2727 PACES FERRY RD	
CITY-ST-ZIP	ATLANTA GA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BLANK, ARTHUR M.	
STREET ADDRESS	2727 PACES FERRY RD	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BRILL, RONALD M.	
STREET ADDRESS	2727 PACES FERRY RD	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCKENNA, ANDREW	
STREET ADDRESS	2727 PACES FERRY RD	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	TOMER, CAROL	
STREET ADDRESS	2455 PACES FERRY RD.	
CITY-ST-ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	2455 paces Ferry Road	
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	2455 Paces Ferry Road	
2.4 CITY-ST-ZIP		
3.1 TITLE	Exec. Vice Pres., CAO & Asst. Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	2455 Paces Ferry Road	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	2455 Paces Ferry Road	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Tomé, Carol	
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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED
 _____ 1/8/99 (778) 433-8211
 _____ Date Daytime Phone #

CR2E034 (1/198)