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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P28087** **(5)**

1. Corporation Name
JAMESTOWN MANAGEMENT CORPORATION

Principal Place of Business
990 HAMMOND DR
SUITE 520
ATLANTA GA 30328

Mailing Address
990 HAMMOND DR
SUITE 520
ATLANTA GA 30328-5590

3. Date Incorporated or Qualified: 02/13/1990
3a. Date of Last Report: 04/05/1996

2. Principal Place of Business
21 Two Paces West, St. 1600
Suite, Apt. #, etc.
22 2727 Paces Ferry Rd.
City & State
23 Atlanta, GA
Zip 24 30339 Country 25 USA

2a. Mailing Address
26 Two Paces West, St. 1600
Suite, Apt. #, etc.
27 2727 Paces Ferry Rd.
City & State
28 Atlanta, GA
Zip 29 30339 Country 30 USA

4. FEI Number: 58-1745153 ☐ 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
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
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	D	☐ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	HOUSER, JOHN W		1.2 NAME	Houser, John W	
STREET ADDRESS	990 HAMMOND DR SUITE 520		1.3 STREET ADDRESS	Two Paces West, St. 1600, 2727 Paces Ferry Rd	
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-ST-ZIP	Atlanta, GA 30339	
TITLE	V	☐ DELETE	2.1 TITLE	V	☐ Change ☐ Addition
NAME	NEWCOMB, WILLIAM D		2.2 NAME	Newcomb, William D	
STREET ADDRESS	990 HAMMOND DR STE 520		2.3 STREET ADDRESS	Two Paces West, Suite 1600, 2727 Paces Ferry R	
CITY-ST-ZIP	ATLANTA GA		2.4 CITY-ST-ZIP	Atlanta, GA 30339	
TITLE	ST	☐ DELETE	3.1 TITLE	ST	☐ Change ☐ Addition
NAME	LIPE, WILLIAM G JR.		3.2 NAME	Lipe, William G. Jr.	
STREET ADDRESS	990 HAMMOND DRIVE, STE. 520		3.3 STREET ADDRESS	Two Paces West, St. 1600, 2727 Paces Ferry Rd	
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP	Atlanta, GA 30339	
TITLE	DC	☐ DELETE	4.1 TITLE	DC	☐ Change ☐ Addition
NAME	KAHL, CHRISTOPH A.		4.2 NAME	Kahl, Christoph A.	
STREET ADDRESS	990 HAMMOND DR., STE 520		4.3 STREET ADDRESS	Two Paces West, St. 1600, 2727 Paces Ferry Rd.	
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP	Atlanta, GA 30339	
TITLE	V	☐ DELETE	5.1 TITLE	V	☐ Change ☐ Addition
NAME	ZOUKIS, STEPHEN J		5.2 NAME	Zoukis, Stephen J.	
STREET ADDRESS	990 HAMMOND DR STE 520		5.3 STREET ADDRESS	2727 Paces Ferry Rd, Two Paces West St. 1600	
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-ST-ZIP	Atlanta, GA 30339	
TITLE	P	☐ DELETE	6.1 TITLE	P	☐ Change ☐ Addition
NAME	CROSSLEY, RICHARD D		6.2 NAME	Crossley, Richard D.	
STREET ADDRESS	990 HAMMOND DR SUITE 520		6.3 STREET ADDRESS	Two Paces West, St. 1600, 2727 Paces Ferry Rd.	
CITY-ST-ZIP	ATLANTA GA		6.4 CITY-ST-ZIP	Atlanta, GA 30339	

CR2E034 (9/96)

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: William D. Newcomb REQUIRED 4/14/97 770-805-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0011996