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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
4. FEI Number: 58-1745153
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

2. Principal Place of Business
21 Two Paces West, St. 1600
22 2727 Paces Ferry Rd.
23 Atlanta, GA
24 30339
25 USA
26 Two Paces West, St. 1600
27 2727 Paces Ferry Rd.
28 Atlanta, GA
29 30339
30 USA

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, 83, 84 City, 85 Zip Code (FL)

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

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
DATE: 4/14/97 DAYTIME PHONE: 770-805-1000

CR2E034 (9/96)