

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

001341

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90248 004 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P28087**

1. Corporation Name  
**JAMESTOWN MANAGEMENT CORPORATION**

Principal Place of Business <b>TWO PACES WEST. 1600 ATLANTA GA 30339 US</b>	Mailing Address <b>TWO PACES WEST. ST. 1600 2727 PACES FERRY RD. ATLANTA GA 30339 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/13/1990</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>58-1745153</b>	
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Country <b>30</b>

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	<b>FL</b> 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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOUSER, JOHN W</b>	1.2 NAME	
STREET ADDRESS	<b>TWO PACES WEST STE 1600/2</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA 30339</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEWCOMB, WILLIAM D</b>	2.2 NAME	
STREET ADDRESS	<b>TWO PACES WEST STE 1600/2</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA 30339</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIPE, WILLIAM G JR.</b>	3.2 NAME	
STREET ADDRESS	<b>TWO PACES WEST STE 1600/2</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA 30339</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DC</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAHL, CHRISTOPH A.</b>	4.2 NAME	
STREET ADDRESS	<b>TWO PACES WEST STE 1600/2</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA 30339</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZOUKIS, STEPHEN J</b>	5.2 NAME	
STREET ADDRESS	<b>TWO PACES WEST STE 1600/2</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA 30339</b>	5.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROSSLEY, RICHARD D</b>	6.2 NAME	
STREET ADDRESS	<b>TWO PACES WEST STE 1600</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA 30339</b>	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: William D. Newcomb **RECEIVED** **4/27/99** **770-805-1000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)