

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P28087

1. Corporation Name
JAMESTOWN MANAGEMENT CORPORATION



Principal Place of Business TWO PACES WEST. 1600 ATLANTA GA 30339 US	Mailing Address TWO PACES WEST. ST. 1600 2727 PACES FERRY RD. ATLANTA GA 30339 US
--	---

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 02/13/1990	Applied For Not Applicable
4. FEI Number 58-1745153	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOUSER, JOHN W	
STREET ADDRESS	TWO PACES WEST STE 1600/2	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NEWCOMB, WILLIAM D	
STREET ADDRESS	TWO PACES WEST STE 1600/2	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LIPE, WILLIAM G JR.	
STREET ADDRESS	TWO PACES WEST STE 1600/2	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	KAHL, CHRISTOPH A.	
STREET ADDRESS	TWO PACES WEST STE 1600/2	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ZOUKIS, STEPHEN J	
STREET ADDRESS	TWO PACES WEST STE 1600/2	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CROSSLEY, RICHARD D	
STREET ADDRESS	TWO PACES WEST STE 1600	
CITY-ST-ZIP	ATLANTA GA 30339	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
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: William D. Newcomb DATE: 4/27/99 DAYTIME PHONE #: 770-805-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)