

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P28087

*Certified # 3501800221
Return Receipt Requested*

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90137 020 ***150.00

1. Entity 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 30339-4053 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 58-1745153	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOUSER, JOHN W		NAME	
STREET ADDRESS TWO PACES WEST STE 1600/2		STREET ADDRESS	
CITY-ST-ZIP ATLANTA GA 30339		CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NEWCOMB, WILLIAM D		NAME	
STREET ADDRESS TWO PACES WEST STE 1600/2		STREET ADDRESS	
CITY-ST-ZIP ATLANTA GA 30339		CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LIPE, WILLIAM G JR.		NAME	
STREET ADDRESS TWO PACES WEST STE 1600/2		STREET ADDRESS	
CITY-ST-ZIP ATLANTA GA 30339		CITY-ST-ZIP	
TITLE DC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAHL, CHRISTOPH A.		NAME	
STREET ADDRESS TWO PACES WEST STE 1600/2		STREET ADDRESS	
CITY-ST-ZIP ATLANTA GA 30339		CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZOUKIS, STEPHEN J		NAME	
STREET ADDRESS TWO PACES WEST STE 1600/2		STREET ADDRESS	
CITY-ST-ZIP ATLANTA GA 30339		CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CROSSLEY, RICHARD D		NAME	
STREET ADDRESS TWO PACES WEST STE 1600		STREET ADDRESS	
CITY-ST-ZIP ATLANTA GA 30339		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William D. Newcomb **WILLIAM D. NEWCOMB** 770-805-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)