
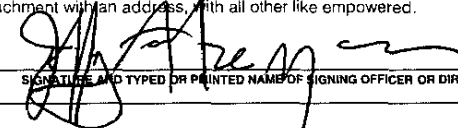


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90041 025 ***150.00

DOCUMENT # P28087			
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 US	
2. Principal Place of Business One Overton Park, 12th Fl. Suite, Apt. #, etc. 3625 Cumberland Blvd. City & State Atlanta, GA Zip 30339 Country U.S.		3. Mailing Address One Overton Park, 12th Fl. Suite, Apt. #, etc. 3625 Cumberland Blvd. City & State Atlanta, GA Zip 30339 Country U.S.	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUSER, JOHN W TWO PACES WEST STE 1600/2 ATLANTA, GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3625 Cumberland Blvd., 12th Floor ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRONFMAN, MATT TWO PACES WEST STE 1600/2 ATLANTA, GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3625 Cumberland Blvd., 12th Floor ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LIPE, WILLIAM G JR. TWO PACES WEST STE 1600/2 ATLANTA, GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3625 Cumberland Blvd., 12th Floor ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KAHL, CHRISTOPH A. TWO PACES WEST STE 1600/2 ATLANTA, GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3625 Cumberland Blvd., 12th Floor ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZOUKIS, STEPHEN J TWO PACES WEST STE 1600/2 ATLANTA, GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3625 Cumberland Blvd., 12th Floor ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACKEMANN, JEFFREY C TWO PACES WEST, STE 1600/2 ATLANTA, GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3625 Cumberland Blvd., 12th Floor ATLANTA, GA 30339
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 2/24/04 Daytime Phone #: (7) 805-1000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	