


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P28087 1. Entity Name JAMESTOWN MANAGEMENT CORPORATION	
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Principal Place of Business ONE OVERTON PARK, 12TH FLOOR 3625 CUMBERLAND BLVD ATLANTA, GA 30339 US	Mailing Address ONE OVERTON PARK, 12TH FLOOR 3625 CUMBERLAND BLVD ATLANTA, GA 30339 US
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02102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1745153	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUSER, JOHN W 3625 CUMBERLAND BLVD ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRONFMAN, MATT 3625 CUMBERLAND BLVD ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LIPE, WILLIAM G JR. 3625 CUMBERLAND BLVD ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KAHL, CHRISTOPH A. 3625 CUMBERLAND BLVD ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZOUKIS, STEPHEN J 3625 CUMBERLAND BLVD ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACKEMANN, JEFFREY C 3625 CUMBERLAND BLVD ATLANTA, GA 30339

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02/22/05-80043-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jeffrey C. Ackemann, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/05
Date

(7) 805-1000
Daytime Phone #