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May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P32019 (2)  
1. Corporation Name  
RAYCOM MANAGEMENT GROUP, INC.



Principal Place of Business  
P.O. BOX 33367  
CHARLOTTE NC 28233-3367

Mailing Address  
P.O. BOX 33367  
CHARLOTTE NC 28233-3367

3. Date Incorporated or Qualified 12/05/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 56-1536425	Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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

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	PM	1.1 TITLE	C
NAME	FUJITA, RICK	1.2 NAME	John Hayes
STREET ADDRESS	412 EAST BLVD.	1.3 STREET ADDRESS	RSA Tower STE 710 201 Monroe Street
CITY-ST-ZIP	CHARLOTTE, NC 28202	1.4 CITY-ST-ZIP	Montgomery, AL 36104
TITLE	C	2.1 TITLE	D
NAME	U. BERTRAM ELLIS, JR.	2.2 NAME	Ken Hawkins
STREET ADDRESS	ONE BUCKHEAD PLAZA, STE 930, 3080	2.3 STREET ADDRESS	RSA Tower Ste 710 201 Monroe Street
CITY-ST-ZIP	PEACHTREE ATLANTA GA	2.4 CITY-ST-ZIP	Montgomery, AL 36104
TITLE	V	3.1 TITLE	
NAME	HAINES, KEN	3.2 NAME	
STREET ADDRESS	412 EAST BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE, NC 28202	3.4 CITY-ST-ZIP	
TITLE	TS	4.1 TITLE	D
NAME	JAMES V. SANDRY	4.2 NAME	Jim Siefert
STREET ADDRESS	ONE BUCKHEAD PLAZA, STE 930, 3080	4.3 STREET ADDRESS	RSA Tower Ste 710 201 Monroe Street
CITY-ST-ZIP	PEACHTREE ATLANTA GA	4.4 CITY-ST-ZIP	Montgomery, AL 36104
TITLE	PM	5.1 TITLE	
NAME	RAYMOND R. WARREN	5.2 NAME	
STREET ADDRESS	500 FIFTH AVE, SUITE 2330	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	S
NAME	JAMES S. ALTENBACH	6.2 NAME	Paul McTear
STREET ADDRESS	ONE BUCKHEAD PLAZA, STE 930, 3080	6.3 STREET ADDRESS	RSA Tower Ste 710 201 Monroe Street
CITY-ST-ZIP	PEACHTREE ATLANTA GA	6.4 CITY-ST-ZIP	Montgomery, AL 36104

14. I do 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.

SIGNATURE:

*Raymond R. Warren*

Raymond R. Warren 04-29-97 212-302-4072

CR2E034 (9/96)