FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P34198** **(2)**

1. Corporation Name

LEP PROFIT INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1950 SPECTRUM CIRCLE MARIETTA GA 30067	1950 SPECTRUM CIRCLE MARIETTA GA 30067

3. Date Incorporated or Qualified: **06/05/1991**
3a. Date of Last Report: **05/01/1995**

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)	Zip (29) / Country (30)

4. FEI Number: **95-2920613** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
STE. 105
TALLAHASSEE FL 32301

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	MADDOW, JEFFREY A.		1.2 NAME	PETER BROWN	
STREET ADDRESS	1950 SPECTRUM CIRLCE		1.3 STREET ADDRESS	1950 SPECTRUM CIRCLE	
CITY-ST-ZIP	MARIETTA GA		1.4 CITY-ST-ZIP	MARIETTA, GA 30067	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHOTSKY, SAMUEL A.		2.2 NAME		
STREET ADDRESS	1950 SPECTRUM CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DUBATO, PHILIP J.		3.2 NAME		
STREET ADDRESS	1950 SPECTRUM CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, LOUIS J.		4.2 NAME		
STREET ADDRESS	1950 SPECTRUM CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA		4.4 CITY-ST-ZIP		
TITLE	AS	☒ DELETE	5.1 TITLE	CONTROLLER	☐ Change ☒ Addition
NAME	MONROE, JUDITH B.		5.2 NAME	J. MATTHEWS PEARCE	
STREET ADDRESS	1950 SPECTRUM CIRCLE		5.3 STREET ADDRESS	1950 SPECTRUM CIRCLE	
CITY-ST-ZIP	MARIETTA GA		5.4 CITY-ST-ZIP	MARIETTA, GA 30067	
TITLE	AS	☒ DELETE	6.1 TITLE	ASSISTANT SECRETARY	☐ Change ☒ Addition
NAME	WEST, ESTHER S.		6.2 NAME	DEBORAH CONNER	
STREET ADDRESS	1950 SPECTRUM CIRCLE		6.3 STREET ADDRESS	1950 SPECTRUM CIRCLE	
CITY-ST-ZIP	MARIETTA GA		6.4 CITY-ST-ZIP	MARIETTA, GA 30067	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ _____ **(770)951-8100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #