

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P35797 (0)

1. Corporation Name
UNISERV, INC.



Principal Place of Business: **ONE SOUTHWIRE DR. CARROLLTON GA 30117-4454**
Mailing Address: **ONE SOUTHWIRE DR. CARROLLTON GA 30117-4454**

3. Date Incorporated or Qualified: **10/07/1991**
3a. Date of Last Report: **04/18/1995**
4. FEI Number: **58-1172327**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **27**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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

12. OFFICERS AND DIRECTORS		
TITLE	DCP	<input type="checkbox"/> DELETE
NAME	RICHARDS, JAMES C.	
STREET ADDRESS	ONE SOUTHWIRE DR.	
CITY-ST-ZIP	CARROLLTON GA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MANN, ROBERT GLENN, JR.	
STREET ADDRESS	ONE SOUTHWIRE DR.	
CITY-ST-ZIP	CARROLLTON GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STEPHENS, JOHN C.	
STREET ADDRESS	ONE SOUTHWIRE DR.	
CITY-ST-ZIP	CARROLLTON GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RICHARDS, JAMES C.	
STREET ADDRESS	ONE SOUTHWIRE DR.	
CITY-ST-ZIP	CARROLLTON GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert Glenn Mann, Jr.	
1.3 STREET ADDRESS	One Southwire Drive	
1.4 CITY-ST-ZIP	Carrollton, Georgia 30119	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Tony Randolph	
2.3 STREET ADDRESS	One Southwire Drive	
2.4 CITY-ST-ZIP	Carrollton, Georgia 30119	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Anna L. Berry	
4.3 STREET ADDRESS	One Southwire Drive	
4.4 CITY-ST-ZIP	Carrollton, Georgia 30119	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	William V. Hearnburg	
5.3 STREET ADDRESS	One Southwire Drive	
5.4 CITY-ST-ZIP	Carrollton, Georgia 30119	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 (unchanged), or on an attachment with an address.

SIGNATURE: **John C. Stephens** 5/20/96 (770)832-5375
Date: _____ Daytime Phone #: _____

CR2E034 (12/95)