FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 25 AM 7:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P35938** **(0)**

1. Corporation Name
IN-HOUSE COUNSEL, INC.

Principal Place of Business	Mailing Address
333 SANDY SPRINGS CIR STE 121 ATLANTA GA 30328 US	333 SANDY SPRINGS CIR STE 121 ATLANTA GA 30328 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/14/1991
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business
21 333 Sandy Springs Circle
Suite, Apt. #, etc.
22 Suite 209
City & State
23 Atlanta GA
Zip 24 30328 Country 25 USA

2a. Mailing Address
26 333 Sandy Springs Circle
Suite, Apt. #, etc.
27 Suite 209
City & State
28 Atlanta, GA
Zip 29 30328 Country 30 USA

4. FEI Number: 52-1747639 ☐ 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

WHITAKER, TOM P., JR., ESQUIRE
2400 MANATEE AVENUE WEST
P. O. BOX 1519
BRADENTON FL 34206

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	VT	11 TITLE	☐ Change ☑ Addition	
NAME	GOODMAN, SUSAN L	12 NAME		
STREET ADDRESS	333 SANDY SPRINGS CIR NE	13 STREET ADDRESS	Suite 209	
CITY-ST-ZIP	ATLANTA GA	14 CITY-ST-ZIP		
TITLE	PS	21 TITLE	☐ Change ☑ Addition	
NAME	WHITAKER, ANNE	22 NAME		
STREET ADDRESS	333 SANDY SPRINGS CIR NE	23 STREET ADDRESS	Suite 209	
CITY-ST-ZIP	ATLANTA GA	24 CITY-ST-ZIP		
TITLE		31 TITLE	☐ Change ☐ Addition	
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE	☐ Change ☐ Addition	
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Susan L Goodman 4/24/95 (404) 256-9099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0398020 FP