SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P38980** **(9)**

1. Corporation Name

EQ SERVICES, INC.

Principal Place of Business	Mailing Address
235 PEACHTREE ST STE 1400 ATLANTA GA 30303 US	235 PEACHTREE ST STE 1400 ATLANTA GA 30303 US

3. Date Incorporated or Qualified: **05/27/1992**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 **1150 Lake Hearn Dr., NE**
Suite, Apt. #, etc.
22 **Suite 400**
City & State
23 **Atlanta, Georgia**
Zip 24 **30342** Country 25 **U.S.A.**

2a. Mailing Address
26 **1150 Lake Hearn Dr., NE**
Suite, Apt. #, etc.
27 **Suite 400**
City & State
28 **Atlanta, Georgia**
Zip 29 **30342** Country 30 **U.S.A.**

4. FEI Number: **58-1985395** ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 executed.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP					
TITLE	PCD	XX DELETE	11 TITLE	PCD	X Change ☐ Addition
NAME	KLICK, PAUL		12 NAME	Edward G. Smith	
STREET ADDRESS	235 PEACHTREE ST, STE 1400		13 STREET ADDRESS	1150 Lake Hearn Dr., NE, Suite 400	
CITY-ST-ZIP	ATLANTA GA		14 CITY-ST-ZIP	Atlanta, Georgia 30342	
TITLE	VT	X DELETE	21 TITLE	VP/T	X Change ☐ Addition
NAME	PALMER, BEN		22 NAME	Peter J. Urdanick	
STREET ADDRESS	235 PEACHTREE ST, STE 1400		23 STREET ADDRESS	1150 Lake Hearn Dr., NE, Suite 400	
CITY-ST-ZIP	ATLANTA GA		24 CITY-ST-ZIP	Atlanta, Georgia 30342	
TITLE	VD	X DELETE	31 TITLE	V/D	X Change ☐ Addition
NAME	CANTRELL, CHARLES		32 NAME	Waldemar J. Antoniewicz	
STREET ADDRESS	235 PEACHTREE ST, STE 1400		33 STREET ADDRESS	1150 Lake Hearn Dr., NE, Suite 400	
CITY-ST-ZIP	ATLANTA GA		34 CITY-ST-ZIP	Atlanta, Georgia 30342	
TITLE	VD	X DELETE	41 TITLE	V/D	XX Change ☐ Addition
NAME	THOMAS, MICHAEL ANDREW		42 NAME	George A. Williams	
STREET ADDRESS	1150 LAKE HEARN DRIVENE STE 400		43 STREET ADDRESS	1150 Lake Hearn Dr., NE, Suite 400	
CITY-ST-ZIP	ATLANTA GA		44 CITY-ST-ZIP	Atlanta, Georgia 30342	
TITLE	VD	X DELETE	51 TITLE		☐ Change ☐ Addition
NAME	KIRBY, DANIEL B		52 NAME		
STREET ADDRESS	235 PEACHTREE ST, STE 1400		53 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		54 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	BROWN, DOUGLAS L.		62 NAME		
STREET ADDRESS	1150 LAKE HEARN DRIVE NE STE 400		63 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		64 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Douglas L. Brown, Secretary 6/12/96 404/848-8614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #