

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90001 043 ***550.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000015321
 1. Corporation Name
CORNERSTONE PARTNERS IV, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 3340 PEACHTREE ROAD
 SUITE 1500
 ATLANTA GA 30326
 US

Mailing Address
 3340 PEACHTREE ROAD
 SUITE 1500
 ATLANTA GA 30326
 US

3. Date Incorporated or Qualified
02/22/1994

4. FEI Number
59-3225022

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 owes the current year Intangible Personal Property. Yes No

2. Principal Place of Business
 21 **3348 Peachtree Rd**

22 **Suite 1000**

23 **Atlanta, GA**

24 **30326** 25 **US**

2a. Mailing Address
 26 **3348 Peachtree Rd**

27 **Suite 1000**

28 **Atlanta, GA**

29 **30326** 30 **US**

9. Name and Address of Current Registered Agent
DEHARDER, ROBERT
1077 HIGHWAY A1A
SATELLITE BEACH FL 32937

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	P	<input type="checkbox"/> DELETE
NAME	ALLMAN, DAVID B	
STREET ADDRESS	3340 PEACHTREE ROAD #1500	
CITY-ST-ZIP	ATLANTA GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WOOLARD, TERRY L	
STREET ADDRESS	3340 PEACHTREE ROAD #1500	
CITY-ST-ZIP	ATLANTA GA	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	DIFFENDERFER, WILLIAM F	
STREET ADDRESS	3340 PEACHTREE ROAD #1500	
CITY-ST-ZIP	ATLANTA GA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	DIFFENDERFER, W F	
STREET ADDRESS	3340 PEACHTREE ST	
CITY-ST-ZIP	ATLANTA GA 30326	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: William F. Diffenderfer **REQUIRED**

CRZE034 (5/99)