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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:25

DOCUMENT # **P94000029949 (2)**

1. Corporation Name
FIRST CIRCLE, INC.

Principal Place of Business	Mailing Address
5200 BLUE LAGOON DR. SUITE 200 MIAMI FL 33126	5200 BLUE LAGOON DR. SUITE 200 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1121 ALDERMAN DR.	26 1121 ALDERMAN DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ALPHARETTA GA	City & State 28 ALPHARETTA, GA
Zip 24 30202 Country 25	Zip 29 30202 Country 30

4. FEI Number: 58-2084918 ☐ 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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
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, type or print 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	D	11 TITLE	PRESIDENT, COO	☒ Change ☒ Addition
NAME	GILMAN, MILES E	12 NAME	PATRICK J. FORTUNE	
STREET ADDRESS	5200 BLUE LAGOON DR., SUITE 200	13 STREET ADDRESS	1125 17TH STREET, STE 1500	
CITY ST ZIP	MIAMI FL 33126	14 CITY ST ZIP	DENVER, CO 80202	
TITLE		21 TITLE	SECRETARY, CFO	☒ Change ☒ Addition
NAME		22 NAME	SAM R. LENO	
STREET ADDRESS		23 STREET ADDRESS	1125 17TH STREET, STE 1500	
CITY ST ZIP		24 CITY ST ZIP	DENVER, CO 80202	
TITLE		31 TITLE	VP TREASURER	☒ Change ☒ Addition
NAME		32 NAME	RICHARD SMITH	
STREET ADDRESS		33 STREET ADDRESS	1125 17TH STREET, STE 1500	
CITY ST ZIP		34 CITY ST ZIP	DENVER, CO 80202	
TITLE		41 TITLE	CEO	☒ Change ☒ Addition
NAME		42 NAME	JAMES M. SWEENEY	
STREET ADDRESS		43 STREET ADDRESS	1125 17TH STREET STE 1500	
CITY ST ZIP		44 CITY ST ZIP	DENVER, CO 80202	
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	REMITTED BY MAY 1	
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)(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: Richard M. Smith — RICHARD M. SMITH VICE PRESIDENT, TREASURY & TAX — 4/26/95 — 303 292 4973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Optional) Phone #

0123001 CP