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Mar 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000070047 (3)

1. Corporation Name:  
770 TAMALPAIS DRIVE INC.



Principal Place of Business: % STATE BOARD OF ADMINISTRATION  
1801 HERMITAGE BLVD., SUITE 600  
TALLAHASSEE FL 32308

Mailing Address: STATE BOARD OF ADMINISTRATION  
1230 BLOUNSTOWN HWY P O DRAWER 7118  
TALLAHASSEE FL 32314-7118  
US

3. Date Incorporated or Qualified: 09/22/1994  
3a. Date of Last Report: 03/15/1996

4. FEI Number: ~~83-1154329~~ 59-3303793  
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

2. Principal Place of Business: 21 1801 Hermitage Blvd.  
Suite, Apt. #, etc.:  
22 Suite 100  
City & State: Tallahassee, FL  
Zip: 32308 Country: US

2a. Mailing Address: 26 1801 Hermitage Blvd.  
Suite, Apt. #, etc.:  
27 Suite 100  
City & State: Tallahassee, FL  
Zip: 32308 Country: US

9. Name and Address of Current Registered Agent: SCHOW, HORACE II  
1801 HERMITAGE BLVD.  
SUITE 600  
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent: 81 Name: David E. Todd  
82 Street Address (P.O. Box Number is Not Acceptable): 1801 Hermitage Blvd.  
83 Suite 100  
84 City: Tallahassee FL 85 Zip Code: 32308

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 for the corporation with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *David E. Todd* David E. Todd, Assistant General Counsel 1-27-97  
(NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: BENNETT, DOUGLAS W STREET ADDRESS: 1801 HERMITAGE BLVD., SUITE 600 CITY-ST-ZIP: TALLAHASSEE FL	1.1 TITLE:	1.2 NAME:
TITLE: D	NAME: MILLER, TODD A STREET ADDRESS: 1801 HERMITAGE BLVD., SUITE 600 CITY-ST-ZIP: TALLAHASSEE FL	2.1 TITLE:	2.2 NAME:
TITLE: P	NAME: DECOSTA, LALER STREET ADDRESS: 1150 LAKE HEARN DR CITY-ST-ZIP: ATLANTA GA	3.1 TITLE:	3.2 NAME:
TITLE: VP	NAME: FAUST, JOHN STREET ADDRESS: 1150 LAKE HEARN DR CITY-ST-ZIP: ATLANTA GA	4.1 TITLE:	4.2 NAME:
TITLE: T	NAME: SNEDEKER, PATRICIA C STREET ADDRESS: 1150 HEARN DR CITY-ST-ZIP: ATLANTA GA	5.1 TITLE:	5.2 NAME:
TITLE: S	NAME: HARRINGTON, EVELYN T STREET ADDRESS: 1150 LAKE HEARN DR., NE, SUITE 400 CITY-ST-ZIP: ATLANTA GA	6.1 TITLE:	6.2 NAME:
		3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
		4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
		5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
		6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

14. I do hereby certify that if 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: *Douglas W. Bennett* Director 2-3-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)