

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Feb 25 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000070047 (3)
1. Corporation Name
770 TAMALPAIS DRIVE INC.



Principal Place of Business % STATE BOARD OF ADMINISTRATION SUITE 100 TALLAHASSEE FL 32308 US	Mailing Address 1801 HERMITAGE BLVD SUITE 100 TALLAHASSEE FL 32308 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1801 Hermitage Blvd. Suite, Apt. #, etc	26 1801 Hermitage Blvd. Suite, Apt. #, etc.
22 600 City & State	27 600 City & State
23 Tallahassee, Florida Zip Country	28 Tallahassee, Florida Zip Country
24 32308 US	29 32308 US

3. Date Incorporated or Qualified 09/22/1994	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3303793	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

TODD, DAVID E
1801 HERMITAGE BLVD
SUITE 100
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	D	<input type="checkbox"/> DELETE
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	1801 HERMITAGE BLVD., SUITE 600	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, TODD A	
STREET ADDRESS	1801 HERMITAGE BLVD., SUITE 600	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DECOSTA, LALER	
STREET ADDRESS	1150 LAKE HEARN DR NE SUITE 400	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FAUST, JOHN	
STREET ADDRESS	ONE BUSH STREET SUITE 1201	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SNEDEKER, PATRICIA C	
STREET ADDRESS	1150 LAKE HEARN DR NE SUITE 400	
CITY-ST-ZIP	ATLANTA GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HARRINGTON, EVELYN T	
STREET ADDRESS	1150 LAKE HEARN DR., NE, SUITE 400	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Luanne K. Good	
1.3 STREET ADDRESS	1801 Hermitage Blvd., Suite 600	
1.4 CITY-ST-ZIP	Tallahassee, FL 32308	
2.1 TITLE	VASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	James W. Horton	
2.3 STREET ADDRESS	1801 Hermitage Blvd., Suite 600	
2.4 CITY-ST-ZIP	Tallahassee, FL 32308	
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Laler DeCosta	
3.3 STREET ADDRESS	3424 Peachtree Road, NE, Suite 800	
3.4 CITY-ST-ZIP	Atlanta, GA 30326	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jeffrey L. Smith	
4.3 STREET ADDRESS	1801 Hermitage Blvd., Suite 600	
4.4 CITY-ST-ZIP	Tallahassee, FL 32308	
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Evelyn T. Harrington	
5.3 STREET ADDRESS	3424 Peachtree Road, NE, Suite 800	
5.4 CITY-ST-ZIP	Atlanta, GA 30326	
6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Patricia C. Snedeker	
6.3 STREET ADDRESS	3424 Peachtree Road, NE, Suite 800	
6.4 CITY-ST-ZIP	Atlanta, GA 30326	

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: Douglas W. Bennett, Director *[Signature]* 2/20/98 850-488-4406

CR2E034 (10/97)