## 2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007714

Entity Name: JAMESTOWN PROPERTIES CORP.

**Current Principal Place of Business:** 

PONCE CITY MARKET 675 PONCE DE LEON AVE., NE 7TH FLOOR

ATLANTA, GA 30308

**Current Mailing Address:** 

PONCE CITY MARKET 675 PONCE DE LEON AVE., NE 7TH FLOOR ATLANTA, GA 30308 US

FEI Number: 58-2456994 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title AUTHORIZED SIGNOR Title AUTHORIZED SIGNOR

Name AUZENNE, JADE Name BOHN, FRANCES

Address PONCE CITY MARKET Address PONCE CITY MARKET

675 PONCE DE LEON AVE., NE 7TH 675 PONCE DE LEON AVE., NE 7TH

FLOOR FLOOR

City-State-Zip: ATLANTA GA 30308 City-State-Zip: ATLANTA GA 30308

Title AUTHORIZED SIGNOR Title AUTHORIZED SIGNOR

Name HINES, ERIC Name GEBARA, BETTIE

Address PONCE CITY MARKET Address PONCE CITY MARKET

675 PONCE DE LEON AVE., NE 7TH 675 PONCE DE LEON AVE., NE 7TH

FLOOR FLOOR

City-State-Zip: ATLANTA GA 30308 City-State-Zip: ATLANTA GA 30308

Title PRESIDENT Title TREASURER

Name BRONFMAN, MATT Name KOPECKY, CHRISTOPHER J.

Address PONCE CITY MARKET Address PONCE CITY MARKET

675 PONCE DE LEON AVE., NE 7TH 675 PONCE DE LEON AVE., NE 7TH FLOOR

DR FLC

City-State-Zip: ATLANTA GA 30308 City-State-Zip: ATLANTA GA 30308

Title SECRETARY Title DIRECTOR

Name PRESSWALA, SHAK Name BRONFMAN, MATT

Address PONCE CITY MARKET Address PONCE CITY MARKET

675 PONCE DE LEON AVE., NE 7TH 675 PONCE DE LEON AVE., NE 7TH

FLOOR FLOOR

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ERIC HINES AUTHORIZED SIGNOR 01/07/2019

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 07, 2019

Secretary of State

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