

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90132 010 ***150.00



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

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # P38882

1. Corporation Name
AGCA, INC.



Principal Place of Business
3414 PEACHTREE RD., N.E., SUITE 1400
ATLANTA GA 30326
US

Mailing Address
3414 PEACHTREE ROAD N.E.
SUITE 1400
ATLANTA GA 30326
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/20/1992

2. Principal Place of Business
21 3 FRIENDS LANE
 Suite, Apt. #, etc.
22 SUITE 200
 City & State
23 NEWTOWN PA
 Zip Country
24 18940 25

2a. Mailing Address
26 6950 COLUMBIA GATEWAY DR
 Suite, Apt. #, etc.
27 SUITE 400
 City & State
28 COLUMBIA MD
 Zip Country
29 21096 30 USA

4. FEI Number
23-2204318

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **DS CUMMINGS, ANDREW M**
 STREET ADDRESS **ONE MAYNARD DR**
 CITY-ST-ZIP **PARK RIDGE NJ 07656**

TITLE DELETE
 NAME **DVT SANFORD, CHARLOTTE A.**
 STREET ADDRESS **3414 PEACHTREE ROAD N.E., SUITE 1400**
 CITY-ST-ZIP **ATLANTA GA 30326**

TITLE DELETE
 NAME **DAS BEDENBAUGH, JAMES R.**
 STREET ADDRESS **3414 PEACHTREE ROAD N.E., SUITE 1400**
 CITY-ST-ZIP **ATLANTA GA 30326**

TITLE DELETE
 NAME **P SURLES, RICHARD C**
 STREET ADDRESS **ONE MAYNARD DR**
 CITY-ST-ZIP **PARK RIDGE NJ 07656**

TITLE DELETE
 NAME **D FUZZELL, CHERIE**
 STREET ADDRESS **3414 PEACHTREE ROAD N.E., SUITE 1400**
 CITY-ST-ZIP **ATLANTA GA 30326**

TITLE DELETE
 NAME **V LAZAROFF, DENNIS J**
 STREET ADDRESS **13736 RIVERPORT DR, SUITE 400**
 CITY-ST-ZIP **MARYLAND HEIGHTS MO**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
S CUMMINGS, ANDREW M
 1.2 NAME
 1.3 STREET ADDRESS **666 THIRD AVENUE - 5TH FLOOR**
 1.4 CITY-ST-ZIP **NEW YORK, NY 10017**

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
AS MICHELLE H. ANCOSKY
 4.2 NAME
 4.3 STREET ADDRESS **3414 PEACHTREE ROAD, N.E., SUITE 1400**
 4.4 CITY-ST-ZIP **ATLANTA GA 30326**

5.1 TITLE Change Addition
AS MARIAN LANG
 5.2 NAME
 5.3 STREET ADDRESS **3414 PEACHTREE ROAD, N.E., SUITE 1400**
 5.4 CITY-ST-ZIP **ATLANTA GA 30326**

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: Michelle H. Ancosky **Michelle H. Ancosky** 4/7/99 (404) 891-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)

Doc # P38882

AGCA, INC.

P38882
5323929013210

ADDITIONAL OFFICERS

| NAME | TITLE | ADDRESS |
|--------------------|--|--|
| Dennis P. Moody | Vice President | 13736 Riverport Drive, Suite 400 Maryland Heights, MO 63043 |
| Edward J. Christie | Senior Vice President Mid-Atlantic Region | 3 Friends Lane, Suite 200 Newtown, PA 18940 |
| Wayne E. Feest | Senior Vice President Central Region | 3850 Priority Way South Drive, Suite 200 Indianapolis, IN 46250 |
| Joel Kostin | Senior Vice President Southeast Region | 3000 Aerial Center Parkway, Suite 120 Morrisville, NC 27560 |
| Jim Van Halderen | Senior Vice President Western Region | 7400 East Orchard, Suite 2500 Englewood, CO 80111 |