

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000001607 (1)**

1. Corporation Name
NS CROWN SERVICES, INC.



Principal Place of Business: **THREE COMMERCIAL PLACE NORFOLK VA 23510-2191 US**
Mailing Address: **THREE COMMERCIAL PLACE NORFOLK VA 23510-2191 US**

3. Date Incorporated or Qualified: **04/01/1993**
3a. Date of Last Report: **04/24/1995**
4. FEI Number: **54-1657310**
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 **BUT NO TAX DUE**

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

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOODE, DAVID R	
STREET ADDRESS	THREE COMMERCIAL PLACE	
CITY-ST-ZIP	NORFOLK VA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HIXON, JAMES A	
STREET ADDRESS	THREE COMMERCIAL PLACE	
CITY-ST-ZIP	NORFOLK VA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TOBIAS, STEPHEN C	
STREET ADDRESS	THREE COMMERCIAL PLACE	
CITY-ST-ZIP	NORFOLK VA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TOBIAS, JON L	
STREET ADDRESS	THREE COMMERCIAL PLACE	
CITY-ST-ZIP	NORFOLK VA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SEALE, DONALD W	
STREET ADDRESS	THREE COMMERCIAL PLACE	
CITY-ST-ZIP	NORFOLK VA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WATTS, D H	
STREET ADDRESS	THREE COMMERCIAL PLACE	
CITY-ST-ZIP	NORFOLK VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Manetta, Jon L.
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: *Sandra T. Preira* Date: **4-24-96** Daytime Phone # _____

CR2E034 (12/95)

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NS CROWN SERVICES, INC.
Incorporated in the State of Virginia
February 23, 1993

Directors

David R. Goode
Stephen C. Tobias
D. Henry Watts

Officers

David R. Goode	President
Paul N. Austin	Vice President
William B. Bales(1)	Vice President
R. Alan Brogan(2)	Vice President
Thomas L. Finkbiner	Vice President
J. W. Fox, Jr.	Vice President
Thomas J. Golian	Vice President
James A. Hixon	Vice President
Jon L. Manetta	Vice President
Harold C. Mauney, Jr.	Vice President
Donald W. Mayberry(1)	Vice President
James W. McClellan	Vice President
Kathryn B. McQuade(1)	Vice President
Charles W. Moorman	Vice President
Phillip R. Ogden(3)	Vice President
L. I. Prillaman	Vice President
John P. Rathbone	Vice President
William J. Romig	Vice President
Donald W. Seale	Vice President
Robert S. Spenski	Vice President
Stephen C. Tobias	Vice President
John R. Turbyfill	Vice President
D. Henry Watts	Vice President
Henry C. Wolf	Vice President
Sandra T. Pierce	Corporate Secretary
Dezora M. Martin	Assistant Corporate Secretary
Roger D. Powers(4)	Assistant Corporate Secretary
Virginia B. Taylor	Assistant Corporate Secretary
Sheila W. Trainor	Assistant Corporate Secretary
Ronald E. Sink(1)	Treasurer
Thomas W. Mahoney(1)	Assistant Treasurer
Judith K. Sublett(1)	Assistant Treasurer

Address unless otherwise indicated:

Three Commercial Place
Norfolk, Va 23510-2191

(1) 110 Franklin Road, S.E.
Roanoke, VA 24042

(3) 99 Spring Street
Atlanta, GA 30303

(2) 5001 U.S. Highway 30 West
Fort Wayne, IN 46818

(4) 185 Spring Street
Atlanta, GA 30303

3/1/96