

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

001241

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90112 030 \*\*\*150.00

DOCUMENT # J46851

1. Corporation Name WAM CORPORATION OF AMERICA



Principal Place of Business 75 BOULDERBROOK CIRCLE LAWRENCEVILLE GA 30045 US  
Mailing Address 75 BOULDERBROOK CIRCLE LAWRENCEVILLE GA 30045 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/09/1986	
21	26	4. FEI Number 59-2780853		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
22	27	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
23	28				
24	29				
25	30				

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARCHESINI, WAINER			1.2 NAME	MARCHESINI, WAINER		
STREET ADDRESS	VIA CAVOUR N. 338			1.3 STREET ADDRESS	VIA CAVOUR N. 338		
CITY-ST-ZIP	CAVEZZO, ITALY			1.4 CITY-ST-ZIP	CAVEZZO, ITALY		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SGARBI, CLAUDIO			2.2 NAME	BERGONZINI, ORLANDO		
STREET ADDRESS	VIA FORLANINI, 15			2.3 STREET ADDRESS	VIA CAVOUR N. 338		
CITY-ST-ZIP	CAVEZZO IT			2.4 CITY-ST-ZIP	CAVEZZO, ITALY		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MARCHESINI, ADRIANO			3.2 NAME	MARCHESINI MARCELLO		
STREET ADDRESS	VIA CAVOUR N. 338			3.3 STREET ADDRESS	VIA CAVOUR N. 338		
CITY-ST-ZIP	MODENA, ITALY			3.4 CITY-ST-ZIP	CAVEZZO, ITALY		
TITLE	P	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAGNANI, MASSIMO			4.2 NAME			
STREET ADDRESS	75 BOULDERBROOK CIRCLE			4.3 STREET ADDRESS			
CITY-ST-ZIP	LAWRENCEVILLE GA 30045			4.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FAULKNER, DAN E			5.2 NAME			
STREET ADDRESS	3331 BIRCHWOOD TR			5.3 STREET ADDRESS			
CITY-ST-ZIP	SNELLVILLE GA			5.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SALERNO, LUCA			6.2 NAME			
STREET ADDRESS	3561A PLEASANTBROOK VILLAGE LN			6.3 STREET ADDRESS			
CITY-ST-ZIP	DORAVILLE GA			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: Massimo Magnani 01/06/99 770-339-6767  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)