2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State
02-29-2000 90152 019 ****15.00
03-31-2000 90103 014 ***150.00

DOCUMENT # J46851

1. Entity Name

W&M CORPORATION OF AMERICA

Principal Place of Business	Mailing Address
BOULDERBROOK CIRCLE LAWRENCEVILLE GA 30045	75 BOULDERBROOK CIRCLE LAWRENCEVILLE GA 30045-4698 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2780853 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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 _____ DATE

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MARCHESINI, WAINER VIA CAVOUR N. 338 CAVEZZO ITALY EU	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Marchesini, Marcello Via Cavour N. 338 Cavezzo Italy EU	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SGARBI, CLAUDIO VIA FORLANINI, 15 CAVEZZO IT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Michael Grass Via Cavour N. 338 Cavezzo Italy EU	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARCHESINI, ADRIANO VIA CAVOUR N. 338 MODENO ITALY EU	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MAGNANI, MASSIMO 75 BOULDERBROOK CIRCLE LAWRENCEVILLE GA 30045	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FAULKNER, DAN E 3331 BIRCHWOOD TR SNELLVILLE GA 30078	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SALERNO, LUCA 3561A PLEASANTBROOK VILLAGE LN DORAVILLE GA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Naum Brodsky 560 Oxford East Court Lawrenceville GA 30043	☐ Change ☒ Addition

CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Massimo Magnani 1/10/00 770-339-6767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #