

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

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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90151 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000076476

1. Corporation Name
WESTCHESTER SPECIALTY SERVICES, INC.



Principal Place of Business 204 S. MONROE ST. TALLAHASSE FL 32301	Mailing Address 204 S. MONROE ST. TALLAHASSE FL 32301
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/02/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-2430509	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MEENAN, TIMOTHY J
 204 S. MONROE ST.
 TALLAHASSE 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
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	
TITLE	President & Director <input type="checkbox"/> DELETE
NAME	Robert J. Gaffney
STREET ADDRESS	Six Concourse Pkwy Suite 2500
CITY-ST-ZIP	Atlanta, GA 30328
TITLE	Treasurer <input type="checkbox"/> DELETE
NAME	William P. Garrigan
STREET ADDRESS	Six Concourse Pkwy Suite 2500
CITY-ST-ZIP	Atlanta, GA 30328
TITLE	General Counsel & Secretary <input type="checkbox"/> DELETE
NAME	Richard T. Gieryn Jr.
STREET ADDRESS	Six Concourse Pkwy Suite 2500
CITY-ST-ZIP	Atlanta, GA 30328
TITLE	Executive Vice President <input type="checkbox"/> DELETE
NAME	Marc D. Vivori
STREET ADDRESS	Six Concourse Pkwy Suite 2500
CITY-ST-ZIP	Atlanta, GA 30328
TITLE	Vice President <input type="checkbox"/> DELETE
NAME	Shaun M. Fetherston
STREET ADDRESS	Six Concourse Pkwy Suite 2500
CITY-ST-ZIP	Atlanta, GA 30328
TITLE	<i>Director</i> <input type="checkbox"/> DELETE
NAME	Dennis B. Reding
STREET ADDRESS	Six Concourse Pkwy Suite 2500
CITY-ST-ZIP	Atlanta, GA 30328

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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 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: Richard T. Gieryn Jr. SIGNATURE REQUIRED 4/8/99 Date Daytime Phone #

CR2E034 (11/98)