

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

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P29392 (8)**  
 1. Corporation Name  
**THE SEGAL COMPANY (SOUTHEAST), INC.**



Principal Place of Business: **4010 WATER PLACE ATLANTA GA 30339**

Mailing Address: **1000 PARKWOOD CIR STE 200 ATLANTA GA 30339-2123 US**

3. Date Incorporated or Qualified: **05/17/1990**

3a. Date of Last Report: **05/01/1996**

4. FEI Number: **13-2619259**

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

2. Principal Place of Business: **21 1000 PARKWOOD CIR**

2a. Mailing Address: **26 1000 PARKWOOD CIR**

22. Suite, Apt. #, etc.: **SUITE 200**

27. Suite, Apt. #, etc.: **SUITE 200**

23. City & State: **ATLANTA GA.**

28. City & State: **ATLANTA GA.**

24. Zip: **30339**

25. Country: **US**

29. Zip: **30339**

30. Country: **US**

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYES ST, STE 105**  
**TALLAHASSEE FL 32301**

81. Name

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

83.

84. City

85. Zip Code: **FL**

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		18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLUHR, HOWARD	1.2 NAME	
STREET ADDRESS	ONE PARK AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NY NY	1.4 CITY-ST-ZIP	
TITLE	CB	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRINSKY, ROBERT D.	2.2 NAME	
STREET ADDRESS	ONE PARK AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NY NY	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL, ROBERT D.	3.2 NAME	
STREET ADDRESS	ONE PARK AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NY NY	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRANT, DALE B.	4.2 NAME	DIRECTOR
STREET ADDRESS	ONE PARK AVE	4.3 STREET ADDRESS	ROBERT J. DELLOVO
CITY-ST-ZIP	NY NY	4.4 CITY-ST-ZIP	ONE PARK AVE.
TITLE	VS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNNING, JAMES R.	5.2 NAME	
STREET ADDRESS	ONE PARK AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NY NY	5.4 CITY-ST-ZIP	
TITLE	TAS	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAULIN, PEGGY	6.2 NAME	TREASURER AND SENIOR
STREET ADDRESS	ONE PARK AVE	6.3 STREET ADDRESS	RICARDO DI BARTOLO VP.
CITY-ST-ZIP	NY NY	6.4 CITY-ST-ZIP	ONE PARK AVE.

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DIRECTOR
4.3 STREET ADDRESS	ROBERT J. DELLOVO
4.4 CITY-ST-ZIP	ONE PARK AVE.
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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	TREASURER AND SENIOR
6.3 STREET ADDRESS	RICARDO DI BARTOLO VP.
6.4 CITY-ST-ZIP	ONE PARK AVE.

14. I do 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.

SIGNATURE: \_\_\_\_\_ DATE: **4/22/97**

CR2E034 (9/96)