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FILED  
Mar 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F95000000279 (8)

1. Corporation Name  
ALBRIGHT & WILSON AMERICAS, INC.

Principal Place of Business  
4851 LAKE BROOK DR.  
GLEN ALLEN VA 23060

Mailing Address  
PO BOX 4439  
GLEN ALLEN VA 23068-4439  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

3. Date Incorporated or Qualified

01/18/1995

4. FEI Number

74-2084085

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V  
NAME TREINEN, TIMOTHY J  
STREET ADDRESS 4851 LAKE BROOK DRIVE  
CITY-ST-ZIP GLEN ALLEN VA ☐ DELETE

TITLE PD  
NAME ROCHELEAU, PAUL F  
STREET ADDRESS 4851 LAKE BROOK DRIVE  
CITY-ST-ZIP GLEN ALLEN VA ☒ DELETE

TITLE TD  
NAME TULLY, KEVIN P  
STREET ADDRESS 4851 LAKE BROOK DRIVE  
CITY-ST-ZIP GLEN ALLEN VA ☒ DELETE

TITLE VAS  
NAME MATHERNE, E.J.  
STREET ADDRESS 4851 LAKE BROOK DRIVE  
CITY-ST-ZIP GLEN ALLEN VA ☐ DELETE

TITLE S  
NAME ROTZ, LINDA S.  
STREET ADDRESS 4851 LAKE BROOD DRIVE  
CITY-ST-ZIP GLEN ALLEN VA ☐ DELETE

TITLE VAS  
NAME JENNINGS, H. GREY  
STREET ADDRESS 4851 LAKE BROOK DRIVE  
CITY-ST-ZIP GLEN ALLEN VA ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE PD ☒ Change ☐ Addition  
2.2 NAME LYALL C. WORK  
2.3 STREET ADDRESS 4851 LAKE BROOK DRIVE  
2.4 CITY-ST-ZIP GLEN ALLEN, VA 23060

3.1 TITLE V/H/D ☒ Change ☐ Addition  
3.2 NAME JEFF C. HAUCK  
3.3 STREET ADDRESS 4851 LAKE BROOD DRIVE  
3.4 CITY-ST-ZIP GLEN ALLEN, VA 23060

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE: J

(JEFF C. HAUCK)

3/6/98 (804) 968-6468

CR2E034 (10/97)