

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 OCT 20 AM 11:06

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # **824584** (7)
 1. Corporation Name
WARD NORTH AMERICA, INC.

Principal Place of Business: ~~SIX CONCOURSE PKWY SUITE 2000 ATLANTA GA 30328~~ *see Attached letter*
 Mailing Address: ~~SIX CONCOURSE PKWY SUITE 2000 ATLANTA GA 30328~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

610 West Ash Street, San Diego, CA 92101 USA

3. Date Incorporated or Qualified: **05/25/1970**
 3a. Date of Last Report: **04/16/1996**
 4. FEI Number: **56-0692231**
 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

9. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE 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 **FL**

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	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKKER, G.A.C.	1.2 NAME	
STREET ADDRESS	548 PINE VALLEY DRIVE SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA	1.4 CITY-ST-ZIP	
TITLE	PCEO	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFFREY S. WARD	2.2 NAME	<i>Gerard Vecchio</i>
STREET ADDRESS	610 W. ASH ST. SUITE 1500	2.3 STREET ADDRESS	<i>22 Farm Dr</i>
CITY-ST-ZIP	SAN DIEGO CA	2.4 CITY-ST-ZIP	<i>Parmington, CT 06032</i>
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUPREE, JOSEPH E. J	3.2 NAME	<i>Liz Nelson</i>
STREET ADDRESS	10670 DUNOON DRIVE	3.3 STREET ADDRESS	<i>12952 Old Foothill</i>
CITY-ST-ZIP	ALPHARETTA GA	3.4 CITY-ST-ZIP	<i>Santa Ana, CA 92705</i>
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRY BLACKWELL	4.2 NAME	200002327022-4
STREET ADDRESS	SIX CONCOURSE PKWY SUITE 200	4.3 STREET ADDRESS	-10/22/97-01080-012
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, VIRGIL A.	5.2 NAME	
STREET ADDRESS	7373 WATERS EDGE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	STONE MOUNTAIN GA	5.4 CITY-ST-ZIP	
TITLE	ST	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN CLINTON	6.2 NAME	
STREET ADDRESS	CONNING&CO CITY PLACE II	6.3 STREET ADDRESS	
CITY-ST-ZIP	HARFORD CO	6.4 CITY-ST-ZIP	

Signature: _____

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 _____ *9/25/97 557-2777*

CRE034 (4/97)



September 25, 1997

Division of Corporations
Annual Reports Section
P O Box 1500
Tallahassee, FL 32302-1500

RE: Ward North America, Inc. penalty on 1997 Profit Corporation Annual Report

To whom it may concern:

We are questioning the penalty fee billed to us for not paying our 1997 Profit Corporation Annual Report payment by the designated time frame. In early 1997, we had a reconstruction of our financial department. This process involved the restructuring of our personnel.

During this huge change, it was difficult to keep up on the daily activities of the company. Unfortunately, this did not ensure that business's like yours received the necessary information and payments needed to keep the business relationships at good terms. A good business relationship is what is needed to maintain activity between two companies.

We urge you to nullify the fee in realizing that under the circumstances, we normally would have had the payment to you in an adequate manner. We hope that you can see to it that this was a one time unfortunate situation. Responding on a timely matter is an example of how we do, and will intend to continue doing, business with our clients.

Thank you in advance for considering this request.

Sincerely,

A handwritten signature in cursive script that reads "Anthony G. Palmeri".

Anthony G. Palmeri
Financial Analyst

WARD NORTH AMERICA, INC.

610 WEST ASH STREET, SUITE 1500 • SAN DIEGO, CA 92101 • PHONE: (619) 557-2777 • FAX: (619) 557-8432