

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90070 046 ***158.75

DOCUMENT # 824584

1. Corporation Name

WARD NORTH AMERICA, INC.

Principal Place of Business

**SIX CONCOURSE PKWY
SUITE 2000
ATLANTA GA 30328**

Mailing Address

**610 WEST ASH STREET
#1500
SAN DIEGO CA 92101**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1970 01/29/1970

4. FEI Number

56-0692231

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 the current year Intangible
Personal Property Tax.



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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	VECCHI, GERARD	
STREET ADDRESS	22 FARM DRIVE	
CITY-ST-ZIP	FARMINGTON CT 06032	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	JEFFREY S. WARD	
STREET ADDRESS	610 W. ASH ST. SUITE 1500	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	NELSON, LIZ	
STREET ADDRESS	12952 OLD FOOTHILL	
CITY-ST-ZIP	SANTA ANA CA 92705	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GARRY BLACKWELL	
STREET ADDRESS	SIX CONCOURSE PKWY SUITE 200	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	COLEMAN, VIRGIL A.	
STREET ADDRESS	7373 WATERS EDGE DRIVE	
CITY-ST-ZIP	STONE MOUNTAIN GA	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	JOHN CLINTON	
STREET ADDRESS	CONNING&CO CITY PLACE II	
CITY-ST-ZIP	HARFORD CO	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michael Fisher	
1.3 STREET ADDRESS	120 Lake Ridge Road	
1.4 CITY-ST-ZIP	Stamford, CT	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Courtney Smith	
2.3 STREET ADDRESS	181 W. Madison Street, Suite 2600	
2.4 CITY-ST-ZIP	Chicago, IL 60602	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	C. Timothy Manning	
3.3 STREET ADDRESS	One Tower Square	
3.4 CITY-ST-ZIP	Hartford, CT 06183	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/99 619-557-8391

CR2E034 (11/98)