

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90104 019 \*\*\*158.75

629482



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 824584**

1. Entity Name  
**WARD NORTH AMERICA, INC.**

Principal Place of Business  
**610 WEST ASH STREET  
 SUITE 1500  
 SAN DIEGO CA 92101**

Mailing Address  
**610 WEST ASH STREET  
 #1500  
 SAN DIEGO CA 92101-3367**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

4. FEI Number **56-0692231**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.  
 526 EAST PARK AVENUE  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **03/17/00** **619-557-2777**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)