

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
 City & State

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

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	D	<input checked="" 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 checked="" type="checkbox"/> Delete
NAME	COLEMAN, VIRGIL A.	
STREET ADDRESS	7373 WATERS EDGE DRIVE	
CITY-ST-ZIP	STONE MOUNTAIN GA	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	JOHN CLINTON	
STREET ADDRESS	CONNING&CO CITY PLACE II	
CITY-ST-ZIP	HARFORD CO	

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
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)