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Feb 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **834107** **(5)**

1. Corporation Name
HEERY INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
999 PEACHTREE ST..N.E. ATLANTA GA 30367-5401	999 PEACHTREE ST..N.E. ATLANTA GA 30367-5400

3. Date Incorporated or Qualified: **04/02/1975**
3a. Date of Last Report: **01/23/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29 **30367-5401**
Country
30

4. FEI Number: **58-0827945** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GAYDON, J. ANTHONY		1.2 NAME		
STREET ADDRESS	4624 LEHIGH DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA 30067		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MOYNIHAN, JAMES J		2.2 NAME		
STREET ADDRESS	999 PEACHTREE ST NE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30309		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NIKONOVICH-KAHN, R		3.2 NAME		
STREET ADDRESS	1922 COLLAND DR., SW		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30318		3.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HILL, JOHN P JR		4.2 NAME		
STREET ADDRESS	1013 LENOX VALLEY		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HEITZ, WILLIAM E		5.2 NAME		
STREET ADDRESS	3833 BEATTY RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	MONKTON MD		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PEIRCE, GREGORY H		6.2 NAME		
STREET ADDRESS	4311 RAINTREE LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30327		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Richard Nikonovich-Kahn 2-5-97 404-881-9880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012804