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PROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # 834107

Corporation Name
HEERY INTERNATIONAL, INC.

Principal Place of Business
PEACHTREE ST.,N.E.
ATLANTA GA 30367-5401

Mailing Address
999 PEACHTREE ST.,N.E.
ATLANTA GA 30367-5401
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/02/1975
4. FEI Number: 58-0827945 ☐ Applied For ☐ Not Applicable
5. Certifcate 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. ☒ Yes ☐ No

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

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

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

TITLE	V	☐ DELETE
NAME	GAYDON, J. ANTHONY	
STREET ADDRESS	4624 LEHIGH DR	
CITY-ST-ZIP	MARIETTA GA 30067	
TITLE	PD	☐ DELETE
NAME	MOYNIHAN, JAMES J	
STREET ADDRESS	999 PEACHTREE ST NE	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE	S	☐ DELETE
NAME	NIKONOVICH-KAHN, R	
STREET ADDRESS	1922 COLLAND DR., SW	
CITY-ST-ZIP	ATLANTA GA 30318	
TITLE	VT	☐ DELETE
NAME	HILL, JOHN P JR	
STREET ADDRESS	1013 LENOX VALLEY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	☐ DELETE
NAME	HEITZ, WILLIAM E	
STREET ADDRESS	3833 BEATTY RD	
CITY-ST-ZIP	MONKTON MD	
TITLE	V	☐ DELETE
NAME	PEIRCE, GREGORY H	
STREET ADDRESS	4311 RAINTREE LANE	
CITY-ST-ZIP	ATLANTA GA 30327	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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] ______ 1-12-99 ______ 404.881.9880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #