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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90212 045 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 841767

1. Corporation Name
THE FELDSPAR CORPORATION



Principal Place of Business Mailing Address
 790 HWY. 228 S. **1040 CROWN POINTE**
 SPRUCE PINE NC 28777 **PARKWAY**
 US **SUITE 270**
ATLANTA GA, 30338
 P. O. BOX 848
 SPRUCE PINE NC 28777 **SUITE 270**
 US **ATLANTA, GA**
30338

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/03/1978

4. FEI Number **56-0616733** 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. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	MORAN, PATRICIA K	
STREET ADDRESS	161 BAYST SUITE 3750	
CITY-ST-ZIP	TORONTO ONTARIO CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAWSON-JOHNSTON, PETER	
STREET ADDRESS	215 CARTER ROAD	
CITY-ST-ZIP	PRINCETON NJ	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PALMIERE, ALLEN J	
STREET ADDRESS	161 BAY ST SUITE 3750	
CITY-ST-ZIP	TORONTO ON	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROGERS, WILLIAM Z.	
STREET ADDRESS	1040 CROWN POINTE PKWY SUITE 270	
CITY-ST-ZIP	ATLANTA GA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOODWIN, PETER J	
STREET ADDRESS	1040 CROWN POINTE PKWY SUITE 270	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOLLOWAY, MICHAEL G	
STREET ADDRESS	590 AVIGNON CT.	
CITY-ST-ZIP	DUNWOODY GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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: John B. Dentzer V.P.R. John B. Dentzer 4-7-99 770-392-8660
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)