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Jan 28 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 # 844678 (3)

1. Corporation Name
SEDGWICK JAMES OF VIRGINIA, INC.



Principal Place of Business
7799 LEESBURG PIKE
NORTH TOWER
FALLS CHURCH VA 22043-2413
US

Mailing Address
1000 RIDGEWAY LOOP ROAD
P.J. ROBIN. LEGAL DEPT.
MEMPHIS TN 38120-4021
US

3. Date Incorporated or Qualified 11/26/1979
3a. Date of Last Report 02/09/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

54-0793691

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

(Signature of type for principal name of registered agent or title of applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VT	<input type="checkbox"/> DELETE
NAME	O'DAY, JOHN E	
STREET ADDRESS	5350 POPLAR AVE	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HEALEY, QUILL O.	
STREET ADDRESS	1285 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK, NY.	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROSENBLOOM, ALAN, B	
STREET ADDRESS	1285 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK, NY.	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROBINSON, PATTIE J	
STREET ADDRESS	5350 POPLAR AVE	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORFORD, DONALD, K	
STREET ADDRESS	600 MONTGOMERY ST	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1000 Ridgeway Loop Road
1.4 CITY-ST-ZIP	Memphis TN 38120
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3953 Peachtree Road NE
2.4 CITY-ST-ZIP	Atlanta GA 30326
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1000 Ridgeway Loop Road
3.4 CITY-ST-ZIP	Memphis TN 38120
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1000 Ridgeway Loop Road
4.4 CITY-ST-ZIP	Memphis TN 38120
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ronald J. Kutella
5.3 STREET ADDRESS	1000 Ridgeway Loop Road
5.4 CITY-ST-ZIP	Memphis TN 38120
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 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

Pattie J. Robinson

1/17/97 901-684-3588

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0477236

CR2E034 (9/96)