## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 1. Corporation Name

(3)

SEDGWICK OF VIRGINIA, INC.

**FILED** Mar 04 1998 8:00am Secretary of State



Principal Place	of Business	Mailing /	Address			- I INDIAN HONOL AND IN DIVIN LANDOL 1015 BEIGH EI	LII MINLE DAGA NINII NENE INNE	
				ROAD				
NORTH TOWER P.J. ROBIN, LEGAL DEPT.			ī.	•	DO NOT WOITE IN THE	CDACE		
	CH VA 22043-2413		IS TN 38120					
US		03				11/26/1979		
2. Principal Pl	ace of Business	2a. Mailir	ng Address			4. FEI Number	Applied For	
21		26				54-0793691		
Suite, Apt.	#, etc.	Suite	, Apt. #, etc.			5 Certificate of Status Desired		
22		27				<b>2</b> , 33, 1, 1, 2,	<del></del>	
City & State		<u> </u>	<del></del>			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip			Zip Country		/	8. This corporation owes or has paid the o	urrent year Intangible	
24	25	29		30		Personal Property Tax due June 30.	Yes No	
9. Name and Address of Current Registered Agent					<b></b>	10. Name and Address of New Registere	d Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC.					81 Name			
1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301			82	Street Add	ress (P.O. Box Number is Not Acceptable)	<del></del>		
	_			63	<u> </u>			
				-	City		as Zin Code	
				04	City	F		
11. Pursuant t	to the provisions of Sections	Suite   Applied For   Applie						
agent. I a	m familiar with, and accept t	he obligations of, Sect	ion 607.05 <b>0</b> 5, Fl	orida Statute	S.	,		
SIGNATURE	Signature, typed or printed name of re-	nistered agent and title if apolic	abie fNOT	E: Registered Ag	ent signature regul	red when reinstating) DATE		
12.							ID DIRECTORS IN 12	
TITLE	VT		DELETE	1.1 TITLE			Change Addition	
NAME	O'DAY, JOHN E			1.2 NAME				
STREET ADDRESS	1000 RIDGEWAY LOC	P RD		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	MEMPHIS TN			1.4 CITY-	ST-ZIP			
TITLE	DP P		DELETE	2.1 TITLE			Change Addition	
NAME	HEALEY, QUILL O.			2.2 NAME				
STREET ADDRESS	8333 PEACHTREE RD	NE		2.3 STREE	T ADDRESS	**************************************		
CITY-ST-ZIP	ATLANTA GA			2. 4 CITY-	ST-ZIP			
TITLE	8		☐ DELETE	3.1 TITLE				
NAME	ROSENBLOOM, ALAN			3.2 NAME	-			
STREET ADDRESS	1000 RIDGEWAY LOO	P RD		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	MEMPHIS TN				ST-ZIP		A	
TITLE	AS		☐ DELETE	4.1 TITLE			∟ Change ∟ Addition	
NAME	ROBINSON, PATTIE J			4. 2 NAME				
STREET ADDRESS	1000 RIDGEWAY LOC	א אט		4.3 STREE	T ADDRESS			
CITY-ST-ZIP	MEMPHIS TN		·		ST-ZIP		Observe Til Addition	
TITLE	D.		L.J DELETE				L Linange L Additio	
NAME	KUTELLA, RONALD J	ND 0D						
STREET ADDRESS	1000 RIDGEWAY LOC	אר אט						
CITY-ST-ZIP	MEMPHIS TN		C occess		ST-ZIP		Change Addition	
TITLE			☐ DELETE				L Change L Additio	
NAME								
STREET ADDRESS				4				
CITY-ST-ZIP				6.4 CITY-	ST-ZIP	0 0 440 07(0)(1 5)	and the the information	

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 informatio 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 comporation 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, according to the same legal effect as if made under oath; that I am an officer or director of the comporation 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, according to the composition of the receiver of the receiver of the composition of the receiver of

911-684-3588