

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90004 035 ***150.00

DOCUMENT # 848632

1. Corporation Name

ALEXANDER HOWDEN NORTH AMERICA, INC.

Principal Place of Business

123 N WACKER DR
CHICAGO IL 60680
US

Mailing Address

TAX DEPT
P.O. BOX 8264
CHICAGO IL 60680
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1981

4. FEI Number

58-1279498

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE C
NAME WILLIAMS, ALAN
STREET ADDRESS PUTTENDEN MANOR, SHIPBOURNE
CITY-ST-ZIP TONBRIDGE KE

TITLE CEO
NAME HARRELL, BRUCE E.
STREET ADDRESS 3579 TURTLE COVE COURT
CITY-ST-ZIP MARIETTA GA

TITLE VPT
NAME KERSHAW, R. ALAN
STREET ADDRESS 5 FOREST RIDGE COURT
CITY-ST-ZIP TIMONIUM MD

TITLE VP
NAME RUSSELL, ALICE L.
STREET ADDRESS 2802 FOREST GLEN DR
CITY-ST-ZIP BALDWIN MD

TITLE D
NAME HOLLINGSWORTH, CHARLES J.
STREET ADDRESS 1483 LEAFVIEW ROAD
CITY-ST-ZIP DECATUR GA

TITLE D
NAME POPE, JERRIANN
STREET ADDRESS 741 PRINCETON MILL RUN
CITY-ST-ZIP MARIETTA GA

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☒ Addition

☐ Change

☒ Addition

☐ Change

☐ Addition

☐ Change

☒ Addition

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 REQUIRED

4/28/99 312 701-3640

CR2E034 (11/98)