

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 851583 (5)

1. Corporation Name
NEW HERMES, INCORPORATED

Principal Place of Business 2200 NORTHMONT PARKWAY DULUTH GA 30096	Mailing Address 2200 NORTHMONT PARKWAY DULUTH GA 30096
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/13/1982
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 38-2100984
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOURNO, ALBERT	1.2 NAME	John Norris
STREET ADDRESS	50 Avenue Jean Jaures BP 36	1.3 STREET ADDRESS	310 Lake Mann Trace
CITY-ST-ZIP	La Chapelle Saint Luc France	1.4 CITY-ST-ZIP	Alpharetta GA 30202
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	VP & CFO & Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALDWELL, STEPHEN	2.2 NAME	J. Michael Mason
STREET ADDRESS	630 WINMARK DRIVE	2.3 STREET ADDRESS	5385 Fox Hill Drive
CITY-ST-ZIP	ROSWELL GA	2.4 CITY-ST-ZIP	Norcross GA 30092
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHIN, KENNETH	3.2 NAME	Gerard Guyard
STREET ADDRESS	OLD HOLLOW ROAD	3.3 STREET ADDRESS	50 Avenue Jean Jaures BP 36
CITY-ST-ZIP	TRUMBULL CT	3.4 CITY-ST-ZIP	La Chapelle Saint Luc France
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	SCHMITT, VICTOR	4.2 NAME	
STREET ADDRESS	50 Avenue Jean Jaures BP 36	4.3 STREET ADDRESS	
CITY-ST-ZIP	La Chapelle Saint Luc France	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *J. Michael Mason* 770-623-0331

CPRE034 (10/97)