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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # 851583

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

3. Date Incorporated or Qualified 01/13/1982
4. FEI Number 38-2100984
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOURNO, ALBERT	1.2 NAME	
STREET ADDRESS	50 AVENUE JEAN JAURES BP36	1.3 STREET ADDRESS	
CITY-ST-ZIP	LA CHAPELLE SAINT LUC FR	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDWELL, STEPHEN	2.2 NAME	
STREET ADDRESS	630 WINNMARK DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, JOHN	3.2 NAME	
STREET ADDRESS	310 LAKE MANN TRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA 30202	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMITT, VICTOR	4.2 NAME	
STREET ADDRESS	50 AVENUE JEAN JAURES BP36	4.3 STREET ADDRESS	
CITY-ST-ZIP	LA CHAPELLE SAINT LUC FR	4.4 CITY-ST-ZIP	
TITLE	VPSC <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, J M	5.2 NAME	
STREET ADDRESS	5385 FOX HILL DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA 30092	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUYARD, GERARD	6.2 NAME	
STREET ADDRESS	50 AVENUE JEAN JAURES BP36	6.3 STREET ADDRESS	
CITY-ST-ZIP	LA CHAPELLE SAINT LUC FR	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)(l), 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 in an attachment with an address with all other like empowered.

SIGNATURE: John M. Mason 2/10/99 770-623-0331
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)