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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 852268 (2)

1. Corporation Name

MANUFACTURERS' SURVEY ASSOCIATES, INC.



Principal Place of Business

4126 PLEASANTDALE RD. A-25
ATLANTA GA 30340

Mailing Address

4126 PLEASANTDALE RD. A-25
ATLANTA GA 30340

3. Date Incorporated or Qualified

03/22/1982

3a. Date of Last Report

04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARK, JAY
3550-A N.W. 9TH AVE.
OAKLAND PARK FL 33309

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 the corporation)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

P WOLFORD, AROL R. 5461 REDSTONE TERRACE DUNWOODY GA

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

ST BENSON, KEITH L 1833 ADELE ST MAPLEWOOD, MN 00000

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D CLARK, JAY 5731 S.W. 4TH COURT PLANTATION FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

V BRYAN, STEPHEN B. 805 BUTTERCUP TRACE ALPHARETTA GA

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-STATE-ZIP

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-STATE-ZIP

9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-STATE-ZIP

10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-STATE-ZIP

11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-STATE-ZIP

12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Steph B. Bryan VICE PRES.

(Signature and typed or printed name of signing officer or director)

3/26/96

770/448-7445

(Date)

Daytime Phone #

CR2E034 (12/95)