

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

FILED

Jun 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 30340-3505



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/22/1982

3a. Date of Last Report

04/17/1996

4. FEI Number

88-0169311

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

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

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME WOLFORD, AROL R.
STREET ADDRESS 5461 REDSTONE TERRACE
CITY-ST-ZIP DUNWOODY GA ☐ DELETE

TITLE ST
NAME BENSON, KEITH L
STREET ADDRESS 1833 ADELE ST
CITY-ST-ZIP MAPLEWOOD, MN 00000 ☒ DELETE

TITLE D
NAME CLARK, JAY
STREET ADDRESS 4511 NE 21ST LANE
CITY-ST-ZIP FT. LAUDERDALE FL ☒ DELETE

TITLE V
NAME BRYAN, STEPHEN B.
STREET ADDRESS 805 BUTTERCUP TRACE
CITY-ST-ZIP ALPHARETTA GA ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME WOLFORD, AROL R.
1.3 STREET ADDRESS 5461 REDSTONE TERRACE
1.4 CITY-ST-ZIP DUNWOODY, GA 30338

2.1 TITLE S/T/D ☐ Change ☒ Addition
2.2 NAME Vander Boom, THEO
2.3 STREET ADDRESS 4126 PLEASANTDALE RD A-8
2.4 CITY-ST-ZIP ATLANTA, GA 30340

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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

4/15/97 770-1447-0130

CR2E034 (9/96)