

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
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90025 002 ***158.75

DOCUMENT # 852268

1. Corporation Name

MANUFACTURERS' SURVEY ASSOCIATES, INC.



Principal Place of Business

30 TECHNOLOGY PKWY STH
SUITE 100
NORCROSS GA 30092
US

Mailing Address

30 TECHNOLOGY PKWY STH
SUITE 100
NORCROSS GA 30092
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1982

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip County

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

TITLE PD
NAME WOLFORD, AROL R.
STREET ADDRESS 5481 REDSTONE TERRACE
CITY-ST-ZIP DUNWOODY GA

TITLE STD
NAME VANDERBOOM, THEO
STREET ADDRESS 4126 PLEASANTDALE RD A-8
CITY-ST-ZIP ATLANTA GA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Arol R. Wolford
1.3 STREET ADDRESS 30 Technology Parkway South, Ste 100
1.4 CITY-ST-ZIP Norcross, GA 30092-2912

2.1 TITLE VCFO
2.2 NAME Theo Vander Boom
2.3 STREET ADDRESS 30 Technology Parkway South, Ste 100
2.4 CITY-ST-ZIP Norcross, GA 30092-2912

3.1 TITLE MD
3.2 NAME Wilson, James
3.3 STREET ADDRESS One Federal Street
3.4 CITY-ST-ZIP Boston, MA 02110-2003

4.1 TITLE VP of Finance
4.2 NAME Sherwin Krug
4.3 STREET ADDRESS 30 Technology Parkway South, Ste 100
4.4 CITY-ST-ZIP Norcross, GA 30092-2912

5.1 TITLE Treasurer
5.2 NAME Joseph P. Ford, Jr.
5.3 STREET ADDRESS 30 Technology Parkway South, Ste 100
5.4 CITY-ST-ZIP Norcross, GA 30092-2912

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)