

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 852268

1. Entity Name

MANUFACTURERS' SURVEY ASSOCIATES, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90097 016 ***158.75

Principal Place of Business

Mailing Address

30 TECHNOLOGY PKWY STH
SUITE 100
NORCROSS GA 30092
US

30 TECHNOLOGY PKWY STH
SUITE 100
NORCROSS GA 30092-2925
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

88-0169311

Applied For
Not Applied

5. Certificate of Status Desired



\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME WOLFORD, AROL R.
STREET ADDRESS 30 TECHNOLOGY PKWY. S. -STE 10
CITY-ST-ZIP NORCROSS GA 30092-2912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VCFO
NAME VANDERBOOM, THEO
STREET ADDRESS 30 TECHNOLOGY PKWY. S. -STE 10
CITY-ST-ZIP NORCROSS GA 30092-2912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPF
NAME KRUG, SHERWIN
STREET ADDRESS 30 TECHNOLOGY PKWY. S. -STE 10
CITY-ST-ZIP NORCROSS GA 30092-2912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME FORD, JOSEPH P JR.
STREET ADDRESS 30 TECHNOLOGY PKWY. S. -STE 10
CITY-ST-ZIP NORCROSS GA 30092-2912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MD
NAME WILSON, JAMES
STREET ADDRESS ONE FEDERAL ST
CITY-ST-ZIP BOSTON MA 02110-2003

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE COO
NAME MANN, BILL
STREET ADDRESS 30 TECHNOLOGY PKWY S, STE 100
CITY-ST-ZIP NORCROSS, GA 30092

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SHERWIN KRUG

01/06/2000

770-417-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #