

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90219 046 ***150.00

DOCUMENT # 854552

1. Corporation Name

W. H. SMITH NEWS AND GIFT SHOPS INC

Principal Place of Business

3200 WINDY HILL ROAD
STE 1500 WEST TOWER
ATLANTA GA 30339
US

Mailing Address

3200 WINDY HILL ROAD
STE 1500 WEST TOWER
ATLANTA GA 30339
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1982

4. FEI Number

58-1123802

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 Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCNAMARA, RICHARD J.	
STREET ADDRESS	3200 WINDY HILL RD STE 1500 W TOWER	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HANCOCK, JOHN M.	
STREET ADDRESS	3200 WINDY HILL RD., STE 1500 WEST TOWER	
CITY-ST-ZIP	ATLANTA GA	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	HANCOCK, JOHN M.	
STREET ADDRESS	3200 WINDY HILL RD., STE 1500 WEST TOWER	
CITY-ST-ZIP	ATLANTA GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	THOMPSON, CHRISTINA B	
STREET ADDRESS	3200 WINDY HILL RD, STE 1500 W TOWER	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, STEPHEN	
STREET ADDRESS	3200 WINDY HILL RD STE 1500 W TOWER	
CITY-ST-ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	David McRedmond	
1.3 STREET ADDRESS	3200 Windy Hill RD STE 1500 W Tower	
1.4 CITY-ST-ZIP	Atlanta, GA 30339	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sean Anderson	
2.3 STREET ADDRESS	3200 Windy Hill RD STE 1500 W Tower	
2.4 CITY-ST-ZIP	Atlanta GA 30339	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Andrew P. Outman	
3.3 STREET ADDRESS	3200 Windy Hill RD STE 1500 W Tower	
3.4 CITY-ST-ZIP	Atlanta GA 30339	
4.1 TITLE	TV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Christina B Thompson	
4.3 STREET ADDRESS	3200 Windy Hill RD STE 1500 W Tower	
4.4 CITY-ST-ZIP	Atlanta, GA 30339	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Keith Hamill	
5.3 STREET ADDRESS	27 Priest Lands Park RD	
5.4 CITY-ST-ZIP	Sidcup Kent UK	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

4/27/99

Date

(770) 933-3519

Daytime Phone #

CR2E034 (11/98)

001334