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

**PROFIT** CORPORATION ANNUAL REPORT 1000



Secretary of State DIVISION OF CORPORATIONS

## FILED May 04, 1999 8:00 am Secretary of State 05-04-1999 90035 030 \*\*\*150.00 FLORIDA DEPARTMENT OF STATE Katherine Harris

1999	CONT.			
DOCUMENT #	F32830			

1. Corporation Name THE EXECUTIVE SPEAKER, INC.

Principal Place	e of Business	Mailing Address				- - \$ 10001100 1100 1110 1100 70100 70100 1110 1111 1111	II DIDII TIDII DIBII 8	<b>FREI BIB</b> IL 1881	
3535 PIEDMONT		3535 PIEDMONT RD. NE							
ATLANTA GA 3		ATTN: TAX DEPT. 100							
US ATLANTA GA 30305					DO NOT WRITE IN THIS SPACE				
		US				3. Date Incorporated or Qualifed 04/22/1981			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Apr	plied For	
21 26		26				59-2090653		t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired Sa.75 Additional Fee Required		II		
- City & State - City & State					6. Election Campaign Financing	\$5.00	May Be		
23		28				Trust Fund Contribution	Added t	o Fees	
Zip 24	Country 25	Zip 30	Country	,		This corporation owes the current year     Personal Property Tax.	Intangible Yes	<b>W</b> .	
	9. Name and Address of Curren	<del></del>		•		10. Name and Address of New Register	ed Agent		
		-30	81	Na	me				
_	CORPORATION SYSTEM	•	82	Str	eet Addre	ss (P.O. Box Number is Not Acceptable)	<del></del>		
	S PINE ISLAND ROAD		٦	"	BEI AGGIO	35 (1:5: 55X 144.1551 15 1167 1555pt4.55)			
PLAN	NTATION FL 33324		83						
			84	Cit	у	F	85 Zip C	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						when reinstating) DATE			
	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	gistered Ager	nt signa	ture required t	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	AT .	DELETE	1.1 TITLE	~			☐ Change	Addition	
NAME	PAM W. TAYLOR	/	1.2 NAME					ļ	
STREET ADDRESS	3535 PIEDMONT RD, NE		1.3 STREE	TADDR	ESS				
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-\$					j	
TITLE	CEO	☐ DELETE	2.1 TITLE				Change	☐ Addition	
NAME	C. DOUGLAS MILLER		2.2 NAME					ļ	
STREET ADDRESS	3535 PIEDMONT RD, NE		2.3 STREE	TADDR	ESS				
CITY-ST-ZIP	ATLANTA GA	* see.	2. 4 CITY-9	ST-ZIP	-	·		,	
TITLE	EVP	☐ DELETE	3.1 TITLE				¹ ☐ Change	Addition	
NAME	LARRY J. BRYAN	_	3.2 NAME						
STREET ADORESS	3535 PIEDMONT RD, NE		3.3 STREE	TADDR	ESS				
CITY-ST-ZIP	ATLANTA GA		3.4. CITY- 8	ST-ZIP					
TITLE	D	☐ DELETE	4.1 TITLE			w -	Change	☐ Addition	
NAME	C. DOUGLAS MILLER		4. 2 NAME			•		Ì	
STREET ADDRESS	3535 PIEDMONT RD., NE		4.3 STREE	TADDR	ESS	~		1	
CiTY-ST-ZIP	ATLANTA GA		4.4 CITY-S	T-ZIP					
ग⊓∟E	S	☐ DELETE	5.1 TITLE				Change	Addition	
NAME	MARK H. HAIN		5.2 NAME						
STREET ADDRESS	3535 PIEDMONT RD., NE		5.3 STREE		ESS			ļ	
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-S	T-ZIP				[7] Addition	
TITLE		☐ DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAMÉ					}	
STREET ADDRESS	A Section 1		6.3 STREE		ESS			ļ	
CITY-ST-ZIP	5.7		6.4 CITY-S	T-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: