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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000002551 (0)

SEDCO, INC. - GEORGIA

Principal Place of Business

Mailing Address

4305 STEVE REYNOLDS BLVD

4305 STEVE REYNOLDS BLVD

FILED Jan 15 1998 8:00am Secretary of State



NORCROSS GA 30093 NORCROSS GA 30093 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/20/1993 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 58-1096068 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution 23 Added to Fees Zìp Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XYes \square \text{No} 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1311 EXECUTIVE CENTER DR. STE 200 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 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 with CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ___ Change ___ Addition TITLE 1.1 TITLE MARION, JOHN D NAME 1.2 NAME 4305 STEVE REYNOLDS BLVD STREET ADDRESS 1.3 STREET ADDRESS NORCROSS GA City - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE SMITH, WAYNE B SR 2.2 NAME NAME 4305 STEVE REYNOLDS BLVD STREET ADDRESS 2.3 STREET ADDRESS NORCROSS GA 30093 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE SMITH, GEORGE R SR 3.2 NAME NAME 4305 STEVE REYNOLDS BLVD STREET ADDRESS 3.3 STREET ADDRESS NORCROSS GA 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE VSTD MANNO, FRANK A 4. 2 NAME NAME 4305 STEVE REYNOLDS BLVD. STREET ADDRESS 4.3 STREET ADDRESS NORCROSS GA 4.4 CITY - ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE STOWE, S EDWIN SR NAME 5.2 NAME STREET ADDRESS 4305 STEVE REYNOLDS BLVD 5.3 STREET ADDRESS NORCROSS GA CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE TITI E NAME 6.2 NAME NOLDS BLVD STREET ADDRESS 6.3 STREET ADDRESS 4305 STEVE R 30093 CITY-ST-ZIP 6.4 CITY-ST-ZIP ORCROSS,

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 Informatic 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. further certify that the information

SIGNATURE: 1

auk A. MAUNO