

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90158 002 ***450.00

DOCUMENT # F93000004414

1. Corporation Name

TMW INVESTMENTS, INC.

Principal Place of Business

5500 INTERSTATE NORTH PARKWAY, SUITE 200
ATLANTA GA 30328-4662
US

Mailing Address

5500 INTERSTATE NORTH PARKWAY, SUITE 200
ATLANTA GA 30328-4662
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1993

4. FEI Number

58-2015459

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing

☐ **\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME MCWHIRTER, THOMAS F JR.
STREET ADDRESS C/O 5500 INTERSTATE NORTH PARKWAY, #200
CITY-ST-ZIP ATLANTA GA 30328-4662

TITLE S ☒ DELETE
NAME SUTO, ALEXANDER W
STREET ADDRESS C/O 5500 INTERSTATE NORTH PARKWAY, #200
CITY-ST-ZIP ATLANTA GA 30328-4662

TITLE CD ☐ DELETE
NAME VON WERZ, GEORGE
STREET ADDRESS PRANNERSTRASSE 1
CITY-ST-ZIP 80333 MUNICH GE

TITLE D ☐ DELETE
NAME TRESCHER, KLAUS
STREET ADDRESS PRANNERSTRASSE 1
CITY-ST-ZIP 80333 MUNICH GE

TITLE V ☐ DELETE
NAME PAHL, DAVID C.
STREET ADDRESS 5500 N PKWY 200
CITY-ST-ZIP ATLANTA GA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE V ☐ Change ☒ Addition
1.2 NAME Daniel E. Oliver
1.3 STREET ADDRESS 5500 Interstate No. Pkwy, Ste. 200
1.4 CITY-ST-ZIP Atlanta, GA 30328-4662 ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: *Thomas F. McWhirter, Jr.* Thomas F. McWhirter, Jr. 1/6/99 770-955-4571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)