

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 12 1997 8:00am
Secretary of State

DOCUMENT # F93000005784 (4)

1. Corporation Name

THOMAS HOWELL GROUP (AMERICAS) INC.



Principal Place of Business

TWO CONCOURSE PARKWAY
SUITE 850
ATLANTA GA 30328

Mailing Address

TWO CONCOURSE PARKWAY
SUITE 850
ATLANTA GA 30328-5588

3. Date Incorporated or Qualified

12/21/1993

3a. Date of Last Report

01/08/1997

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 P.O. Box 6047

Suite, Apt. #, etc

27 Corp Tax 9768

City & State

28 ATLANTA Ga

Zip

Country

29 30302

30 USA

4. FEI Number

68-0243489

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 of person in charge of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE ☒ DELETE

NAME CD
MOIR, JOHN
STREET ADDRESS 42 TRINITY SQUARE
CITY-ST-ZIP LONDON, ENGLAND EC3N 4TH

11 TITLE ☒ DELETE

NAME ST
MONTELL, SHELLEY L
STREET ADDRESS P.O. BOX 467067
CITY-ST-ZIP ATLANTA GA 31146

11 TITLE ☒ DELETE

NAME D
ARRENBRECHT, HANNES
STREET ADDRESS 42 TRINITY SQUARE
CITY-ST-ZIP LONDON, ENGLAND EC3N 4TH

11 TITLE ☒ DELETE

NAME D
BAXTER, JOHN
STREET ADDRESS 42 TRINITY SQUARE
CITY-ST-ZIP LONDON, ENGLAND EC3N 4TH

11 TITLE ☒ DELETE

NAME D
WARD, JEFFREY S
STREET ADDRESS 1626 LUGANO
CITY-ST-ZIP DEL MAR CA 92014

11 TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE President and Chairman ☐ Change ☒ Addition

12 NAME Dennis A Smith
13 STREET ADDRESS 5620 Glenridge Dr
14 CITY-ST-ZIP Atlanta Ga 30342 Also Director

21 TITLE EVP-Finance ☐ Change ☒ Addition

22 NAME Donald R Chapman
23 STREET ADDRESS 5620 Glenridge Dr
24 CITY-ST-ZIP Atlanta Ga 30342 Also Director

31 TITLE VP Secretary ☐ Change ☒ Addition

32 NAME Judd F. Oster
33 STREET ADDRESS 5620 Glenridge Dr
34 CITY-ST-ZIP Atlanta Ga 30342 Also Director

41 TITLE VP Treasurer ☐ Change ☒ Addition

42 NAME Kenneth R. Stachler
43 STREET ADDRESS 5620 Glenridge Dr
44 CITY-ST-ZIP Atlanta Ga 30342

51 TITLE Director ☐ Change ☒ Addition

52 NAME A.L. Meyers
53 STREET ADDRESS 5620 Glenridge Dr
54 CITY-ST-ZIP Atlanta Ga 30342

61 TITLE Director ☐ Change ☒ Addition

62 NAME Jeff T. Bowman
63 STREET ADDRESS 5620 Glenridge Dr
64 CITY-ST-ZIP ATLANTA, Ga 30342

14. I do 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.

SIGNATURE:

Margaret M. Sanford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director, TAX003

3/5/97

Date

(404)847-4400

Daytime Phone # 0010966

CR2E034 (9/96)