

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 90138 005 ***150.00

DOCUMENT # F93000005784

1. Corporation Name
CRAWFORD-THG, INC.

Principal Place of Business
5620 GLENRIDGE DR NE
ATLANTA GA 30342

Mailing Address
PO BOX 5047
CORP TAX 9768
ATLANTA GA 30302
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/21/1993

4. FEI Number
68-0243489

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

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

TITLE PCD ☒ DELETE
NAME SMITH, DENNIS A
STREET ADDRESS 5620 GLENRIDGE DR NE
CITY-ST-ZIP ATLANTA GA 30342

TITLE EVD ☒ DELETE
NAME CHAPMAN, DONALD R
STREET ADDRESS 5620 GLENRIDGE DR NE
CITY-ST-ZIP ATLANTA GA 30342

TITLE VPS ☐ DELETE
NAME OSTEN, JUDD F.
STREET ADDRESS 5620 GLENRIDGE DR NE
CITY-ST-ZIP ATLANTA GA 30342

TITLE VPT ☐ DELETE
NAME STACHLER, KENNETH R
STREET ADDRESS 5620 GLENRIDGE DR NE
CITY-ST-ZIP ATLANTA GA 30342

TITLE D ☐ DELETE
NAME MEYERS, A.L.
STREET ADDRESS 5620 GLENRIDGE DR NE
CITY-ST-ZIP ATLANTA GA 30342

TITLE D ☐ DELETE
NAME BOWAN, JEFF T
STREET ADDRESS 5620 GLENRIDGE DR NE
CITY-ST-ZIP ATLANTA GA 30342

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME Archie L. Meyers Jr.
1.3 STREET ADDRESS 5620 Glenridge Dr NE
1.4 CITY-ST-ZIP ATLANTA GA 30342

2.1 TITLE Executive Vice Pres ☐ Change ☒ Addition
2.2 NAME John F. Biblin
2.3 STREET ADDRESS 5620 Glenridge Dr NE
2.4 CITY-ST-ZIP ATLANTA GA 30342

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

4.1 TITLE VP Assistant Controller ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Vice Pres Treas ☐ Change ☒ Addition
5.2 NAME Louis J. Pagillo
5.3 STREET ADDRESS 5620 Glenridge Dr NE
5.4 CITY-ST-ZIP ATLANTA GA 30342

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME Jeff T Bowman
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

4/19/99

Date

(404) 847-4400

Daytime Phone #

CR2E034 (1/198)