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FILED  
Feb 26 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **F94000001498 (4)**

1. Corporation Name

**CORNWALL & STEVENS SOUTHEAST, INC.**

Principal Place of Business

**3280 POINTE PARKWAY  
SUITE 1800  
NORCROSS GA 30092**

Mailing Address

**P.O. BOX 920219  
NORCROSS GA 30092**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/24/1994**

4. FEI Number

**58-1133361**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

25

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **LEE, Y. JOHN**  
STREET ADDRESS **850 RIDGE LAKE BLVD., 1303**  
CITY-ST-ZIP **MEMPHIS TN**

TITLE **S** ☐ DELETE  
NAME **PINGATORE, JOSEPH J.**  
STREET ADDRESS **TWO PINE TREE DRIVE**  
CITY-ST-ZIP **ARDEN HILLS MN**

TITLE **TD** ☐ DELETE  
NAME **ROHDE, STEPHEN L.**  
STREET ADDRESS **TWO PINE TREE DR.**  
CITY-ST-ZIP **ARDEN HILLS MN**

TITLE **D** ☐ DELETE  
NAME **REISS, ALAN T.**  
STREET ADDRESS **TWO PINE TREE DRIVE**  
CITY-ST-ZIP **ARDEN HILLS MN**

TITLE **D** ☐ DELETE  
NAME **ROHDE, STEPHEN L.**  
STREET ADDRESS **TWO PINE TREE DRIVE**  
CITY-ST-ZIP **ARDEN HILLS MN**

TITLE **D** ☐ DELETE  
NAME **JAMES F. VAN HOUTEN**  
STREET ADDRESS **TWO PINE TREE DR.**  
CITY-ST-ZIP **ARDEN HILLS MN**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **Two Pine Tree Drive**  
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.

SIGNATURE:

**Joseph J. Pingatore**

**2-17-98**

**612-631-7794**

CR2E034 (10/97)