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FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F94000006683 (6)

1. Corporation Name
HP/ANCILLARIES, INC.



Principal Place of Business

555 SUN VALLEY DR
SUITE N-4
ROSWELL GA 30076

Mailing Address

555 SUN VALLEY DR
SUITE N-4
ROSWELL GA 30076

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1994

4. FEI Number

58-2142254

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

21 950 NORTH POINT PARKWAY

Suite, Apt. #, etc.

22 SUITE 100

City & State

23 ALPHARETTA GA

Zip

24 30005

Country

25 FULTON

2a. Mailing Address

26 950 NORTH POINT PARKWAY

Suite, Apt. #, etc.

27 SUITE 100

City & State

28 ALPHARETTA GA

Zip

29 30005

Country

30 FULTON

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME FOXWORTHY, MICHAEL L
STREET ADDRESS 365 NORTHRIDGE ROAD, STE 120
CITY-ST-ZIP ATLANTA GA

TITLE VSD ☐ DELETE

NAME MITTLEIDER, DOUGLAS K
STREET ADDRESS 365 NORTHRIDGE ROAD, STE 120
CITY-ST-ZIP ATLANTA GA

TITLE AS ☐ DELETE

NAME ROSSI, LINDA N
STREET ADDRESS 365 NORTHRIDGE ROAD, STE 120
CITY-ST-ZIP ATLANTA GA

TITLE AS ☐ DELETE

NAME QUIROS, PAUL A
STREET ADDRESS 1201 PEACHTREE STREET, STE 2200
CITY-ST-ZIP ATLANTA GA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME FOXWORTHY, MICHAEL L.
1.3 STREET ADDRESS 950 NORTH POINT PARKWAY, SUITE 100
1.4 CITY-ST-ZIP ALPHARETTA, GA - 30005

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME DOUGLAS K. MITTLEIDER
2.3 STREET ADDRESS 950 NORTH POINT PARKWAY, SUITE 100
2.4 CITY-ST-ZIP ALPHARETTA GA 30005

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME ROSSI, LINDA N.
3.3 STREET ADDRESS 950 NORTH POINT PARKWAY, SUITE 100
3.4 CITY-ST-ZIP ALPHARETTA GA 30005

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME QUIROS, PAUL A.
4.3 STREET ADDRESS 191 PEACHTREE ST, 46TH FLOOR
4.4 CITY-ST-ZIP ATLANTA, GA 30303

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 in an attachment with an address.

CR2E034 (10/97)