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Mailing Addrson

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500000506

1. Corporation Name

JOHN ALDEN SYSTEMS COMPANY

Principal Place	of Business	Mailing Address						
7300 CORPORA	TE CENTER DR.	7300 CORPORATE CENTER DR.						
7B28		7B28			DO NOT WRITE IN THIS SPACE			
MIAMI FL 33126	;	MIAMI FL 33126			3. Date Incorporated or Qualifed			
US US								
		O- Mailing Address			01/30/1995 4. FEI Number	I An	plied For	
· ·	ace of Business	2a. Mailing Address				<u> </u>	t Applicable	
21	H - b	Suite, Apt. #, etc.			41-0946005	\$8.75		
Suite, Apt.	#, etc.	⊢			5. Certifcate of Status Desired	Fee Re		
City & State		City & State		a Clastica Campaign Financing		-		
		28			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country			Zip Country		This corporation owes the current year Int			
24	25	29 30	¬ .		Personal Property Tax.	Yes	□No	
24	9. Name and Address of Current R		<u>'</u>		10. Name and Address of New Registered	Agent		
	5. Name and Address of Current	togistered Agent	81	Name		<u> </u>		
THE PRENTICE-HALL CORPORATION SYSTEM, INC.			<u> </u>					
	HAYS ST., STE. 105		82 Street		Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301			83					
			84	City	FI	85 Zip (Code	
dd Durayant	to the provinces of Sections 607 0502 a	and 607 1508 Florida Statutes	the above	e-namer	corporation submits this statement for the purpose of	changing its	registered	
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) OATE								
12. OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12	
TITLE	D	X DELETE	13.		Director/Vice President	Change	★ Addition	
NAME	JOHNSON, GLENDON E		1.2 NAME		J. Kerry Clayton			
STREET ADDRESS	7300 CORPORATE CENTER DR.		1.3 STREE	TADDRESS	One Chase Manhattan Plaza			
CITY-ST-ZIP	MIAMI FL 33126		1.4 CITY-S	T-ZIP	New York, NY 10005			
TITLE	V	☐ DELETE	2.1 TITLE		Director/President/CEO	Change		
NAME	REACH, GARY M.		2.2 NAME		Allen R. Freedman			
STREET ADDRESS	7300 CORPORATE CENTER DR.		2.3 STREE	TADDRESS	One Chase Manhattan Plaza			
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-5		New York, NY 10005			
TITLE	TV	☐ DELETE	3.1 TITLE		Director/Vice President	☐ Change	Addition	
NAME	SPENCE, GLEN A		3.2 NAME		J. Grover Thomas, Jr.			
STREET ADDRESS	7300 CORPORATE CENTER DR.		3.3 STREE	T ADDRES				
CITY-ST-ZIP	MIAMI FL 33126		3.4. CITY+5		one chase namacean riasa			
TITLE	DV	DELETE	4.1 TITLE		New York, NY 10005 Vice President/General Cour & Secretary	s@Ithange		
NAME	STANTON, SCOTT L	<i>r</i>	4. 2 NAME		& Secretary			
STREET ADDRESS	7300 CORPORATE CENTER DR.		4.3 STREE		Jerome A. Atkinson			
	MIAMI FL 33126		4.4 CITY-S		TOne Chase Mannattan Piaza			
CITY-ST-ZIP TITLE	DP	X DELETE	5.1 TITLE	1.428.	New York, NY 10005 Vice President	☐ Change	Addition	
NAME	WILKINS, WILLIAM S		5.2 NAME		Stevan Garcia			
STREET ADDRESS	7300 CORPORATE CENTER DR.		5.3 STREE	T ADDRES!	7300 Corporate Center Drive			
	MIAMI FL 33126		5.4 CITY-S		Miami, FL 33102			
CITY-ST-ZIP TITLE	V 33126	X DELETE	6.1 TITLE		Vice President	☐ Change		
	· •	da serente	6.2 NAME		Lynn Hereth	_ ,		
NAME	ANDERSEN, MICHAEL P		6.3 STREE	PADDRFS	1 *	,		
STREET ADDRESS	7300 CORPORATE CENTER DR.		0.5 5 MEE	- PEDINES	1 /200 corporate center prive	-		

MIAMI FL

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. TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description of Flore #

CITY-ST-ZIP