

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 19 1996 8:00 am
Secretary of State

DOCUMENT # F95000002023 (8)

1. Corporation Name

TECHNICAL PRODUCTS GROUP, INC.



Principal Place of Business

Mailing Address

~~2000 ALLEN PARKWAY~~ 3353 Peachtree Rd. ~~2000 ALLEN PARKWAY~~ 3353 Peachtree Rd.
~~25TH FLOOR~~ Suite 920 ~~25TH FLOOR~~ Suite 920
~~HOUSTON TX 77001~~ Atlanta, GA ~~HOUSTON TX 77001~~ Atlanta, GA
30326 30326

3. Date Incorporated or Qualified

04/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2000 Brunswick Lane

26 2000 Brunswick Lane

4. FEI Number

76-0467373

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 n/a

27 n/a

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

City & State

City & State

23 DeLand, FL

28 DeLand, FL

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32724

25 USA

29 32724

30 USA

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes

☒ Yes ☐ No

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CARTER, JAMES S
STREET ADDRESS 1780 MOCKINGBIRD PLACE
CITY-ST-ZIP ORANGE CA

TITLE VTD ☐ DELETE

NAME FORBES, GARY L
STREET ADDRESS 2929 ALLEN PKWY, 25TH FLOOR
CITY-ST-ZIP HOUSTON TX

TITLE VSD ☐ DELETE

NAME WESNESKI, LAWRENCE E
STREET ADDRESS 200 CEDAR MAPLE PLAZA, 2305 CEDAR SPRGS
CITY-ST-ZIP DALLAS TX

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 President-Intellitec Div. ☐ Change ☒ Addition

12 NAME Henry R. Lattanzi
13 STREET ADDRESS 2000 Brunswick Lane
14 CITY-ST-ZIP DeLand, FL 32724

2.1 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)