

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90132 003 ***150.00

DOCUMENT # F95000002455

1. Corporation Name
MBC OF AMERICA, INC.

Principal Place of Business

ONE MAYNARD DRIVE
SUITE 306
PARK RIDGE NJ 07656
US

Mailing Address

ATTN: MICHELLE ANCOSKY
P.O. BOX 209
MACON GA 31202



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1995

4. FEI Number

22-3329004

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 the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **6950 COLUMBIA GATEWAY DR**
Suite, Apt. #, etc.

26 **6950 COLUMBIA GATEWAY DR**
Suite, Apt. #, etc.

22 **SUITE 400**

27 **SUITE 400**

23 **COLUMBIA MD**
City & State

28 **COLUMBIA MD**
City & State

24 **21046** 25 **USA**
Zip Country

29 **21046** 30 **USA**
Zip Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	DVT	<input type="checkbox"/> DELETE
NAME	SANFORD, CHARLOTTE A	
STREET ADDRESS	3414 PEACHTREE ROAD, STE. 1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEDENBAUGH, JAMES R	
STREET ADDRESS	3414 PEACHTREE ROAD, N.E. STE. 1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FUZZELL, CHERIE	
STREET ADDRESS	3414 PEACHTREE ROAD, N.E. STE. 1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SURLES, RICHARD C	
STREET ADDRESS	ONE MAYNARD DRIVE	
CITY-ST-ZIP	PARK RIDGE NJ 07656	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CUMMINGS, ANDREW M	
STREET ADDRESS	ONE MAYNARD DRIVE	
CITY-ST-ZIP	PARK RIDGE NJ 07656	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	AS
3.3 STREET ADDRESS	LANG, MARIAN
3.4 CITY-ST-ZIP	3414 PEACHTREE ROAD, N.E., SUITE 1400
	ATLANTA GA 30326
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V
4.3 STREET ADDRESS	LAZAROFF DENNIS J
4.4 CITY-ST-ZIP	13736 RIVERPORT DRIVE, SUITE 400
	MARYLAND HEIGHTS MO 63403
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	S
5.3 STREET ADDRESS	CUMMINGS, ANDREW M
5.4 CITY-ST-ZIP	666 THIRD AVENUE - 6TH FLOOR
	NEW YORK NY 10017
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AS
6.3 STREET ADDRESS	ANCOSKY, MICHELLE H
6.4 CITY-ST-ZIP	3414 PEACHTREE ROAD, N.E., SUITE 1400
	ATLANTA GA 30326

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:

Michelle H. Ancosky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michelle H. Ancosky

4/7/99

Date

(904) 891-9200

Daytime Phone #

CR2E034 (11/98)

Doc # J95000002455

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532 385 981323

MBC OF AMERICA, INC.

ADDITIONAL OFFICERS

NAME	TITLE	ADDRESS
Edward J. Christie	Senior Vice President Mid-Atlantic Region	3 Friends Lane, Suite 200 Newtown, PA 18940
Wayne E. Feest	Senior Vice President Central Region	3850 Priority Way South Drive, Suite 200 Indianapolis, IN 46250
Joel Kostin	Senior Vice President Southeast Region	3000 Aerial Center Parkway, Suite 120 Morrisville, NC 27560
Jim Van Halderen	Senior Vice President Western Region	7400 East Orchard, Suite 2500 Englewood, CO 80111