

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  
Apr 25, 1999 8:00 am  
Secretary of State

04-25-1999 90031 006 \*\*\*150.00

DOCUMENT # F95000003380

1. Corporation Name

WORLDWIDE DEDICATED SERVICES, INC.



Principal Place of Business

990 HAMMOND DRIVE  
ATLANTA GA 30328

Mailing Address

55 GLENLAKE PKWY NE  
ATLANTA GA 30328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1995

2. Principal Place of Business

21 55 Glenlake Pkwy NE

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Atlanta Ga

City & State

Zip Country

Zip Country

24 30328 25 USA

29 30

4. FEI Number

58-2183866

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DC	ALDEN, JOHN	990 HAMMOND DRIVE	ATLANTA GA 30328	<input type="checkbox"/>
VD	BAER, DAVID	990 HAMMOND DRIVE	ATLANTA GA 30328	<input type="checkbox"/>
DV	DIMAGGIO, DANIEL	990 HAMMOND DRIVE	ATLANTA GA 30328	<input type="checkbox"/>
VST	THOMPSON, JAMES	990 HAMMOND DRIVE	ATLANTA GA 30328	<input checked="" type="checkbox"/>
DP	THURSTON, RAY	990 HAMMOND DRIVE	ATLANTA GA 30328	<input checked="" type="checkbox"/>
ASAT	PICA, EUGENE	55 GLENLAKE PARKWAY NE	ATLANTA GA 30328	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
✓	✓	55 Glenlake Pkwy NE	Atlanta Ga 30328	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
✓	✓	55 Glenlake Pkwy NE	Atlanta, Ga 30328	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
D/P/CEO	✓	55 Glenlake Pkwy NE	Atlanta, Ga 30328	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
V/F/T/S	Douglas M. Anderson	55 Glenlake Pkwy NE	Atlanta, Ga 30328	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
D	Peter W. Fredo	55 Glenlake Pkwy NE	Atlanta Ga 30328	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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: 4/19/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)