

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

DOCUMENT # F95000005588 (7)

1. Corporation Name

B A R C O, INCORPORATED OF GEORGIA

Principal Place of Business

Mailing Address

1000 COBB PLACE BLVD., SUITE 100
KENNESAW GA 30144

1000 COBB PLACE BLVD., SUITE 100
KENNESAW GA 30144



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/15/1995

3a. Date of Last Report

4. FEI Number

58-1708642

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

☒ Yes

☐ No

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 P
NAME CLAEYS, DANY
STREET ADDRESS 1000 COBB PLACE BLVD., SUITE 100
CITY-ST-ZIP KENNESAW GA 30144

☐ DELETE

TITLE AS
NAME POST, YANNICK J
STREET ADDRESS 1000 COBB PLACE BLVD., SUITE 100
CITY-ST-ZIP KENNESAW GA 30144

☐ DELETE

TITLE TD
NAME PETEGEM, ANTOON V
STREET ADDRESS PRESIDENT KENNEDYPARK 35, B-8500 KORTRIJK
CITY-ST-ZIP BELGIUM

☐ DELETE

TITLE C
NAME VANDAMME, HUGO
STREET ADDRESS PRESIDENT KENNEDYPARK 35, B-8500 KORTRIJK
CITY-ST-ZIP BELGIUM

☐ DELETE

TITLE VC
NAME DEJONGHE, ERIK
STREET ADDRESS PRESIDENT KENNEDYPARK 35, B-8500 KORTRIJK
CITY-ST-ZIP BELGIUM

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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)(k), 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 as an attachment with an address.

SIGNATURE:

Dany Claeys

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-18-96

770-590-7900

Date

Daytime Phone #

CR2E034 (12/95)