

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  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90008 042 \*\*\*150.00

DOCUMENT # F95000006172

1. Corporation Name  
WEST ORANGE, INC.

Principal Place of Business  
C/O SUTHERLAND, ASBILL & BRENNAN  
999 PEACHTREE ST., N.E.  
ATLANTA GA 30309

Mailing Address  
C/O SUTHERLAND, ASBILL & BRENNAN  
999 PEACHTREE ST., N.E.  
ATLANTA GA 30309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

12/19/1995

4. FEI Number

58-1808170

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	PD	<input type="checkbox"/> DELETE
NAME	DE WAAL, RONALD	
STREET ADDRESS	% 999 PEACHTREE ST. NE, 2300 1ST UNION PLZ	
CITY-ST-ZIP	ATLANTA GA 30309-3996	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ADAMS, ALFRED G JR	
STREET ADDRESS	% 999 PEACHTREE ST. NE, 2300 1ST UNION PLZ	
CITY-ST-ZIP	ATLANTA GA 30309-3996	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	PATTERSON, WILLIAM R	
STREET ADDRESS	% 999 PEACHTREE ST. NE, 2300 1ST UNION PLZ	
CITY-ST-ZIP	ATLANTA GA 30309-3996	
TITLE	Asst. Secretary	<input type="checkbox"/> DELETE
NAME	Jordan, James B.	
STREET ADDRESS	c/o 999 Peachtree St. NE S.2300	
CITY-ST-ZIP	Atlanta, GA 30309	
TITLE	Executive V.P. and CFO	<input type="checkbox"/> DELETE
NAME	Anderson, Robert L.	
STREET ADDRESS	c/o 999 Peachtree St. NE S. 2300	
CITY-ST-ZIP	Atlanta, GA 30309	
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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, on an attachment with my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alfred G. Adams, Jr., V.P.

Date

404-853-8014

Daytime Phone #

001272

CR2E034 (11/98)