

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

001233

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90011 012 \*\*\*150.00

DOCUMENT # F96000003169

1. Corporation Name PRIMERICA CONVENTION SERVICES, INC.



Principal Place of Business 3100 BRECKINRIDGE BLVD DULUTH GA 30136 Mailing Address 3100 BRECKINRIDGE BLVD DULUTH GA 30136

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/21/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				58-2244008	
22		27		5. Certificate of Status Desired	
City & State		City & State		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing	
Zip Country		Zip Country		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 30099-0001 25		29 30099-0001 30		8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, D RICHARD			1.2 NAME			
STREET ADDRESS	3100 BRECKINRIDGE BLVD			1.3 STREET ADDRESS			
CITY-ST-ZIP	DULUTH GA 30099-0001			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOWELL, NANCY			2.2 NAME			
STREET ADDRESS	3100 BRECKINRIDGE BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	DULUTH GA 30099-0001			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LARSON, ERIC L			3.2 NAME			
STREET ADDRESS	3100 BRECKINRIDGE BLVD			3.3 STREET ADDRESS			
CITY-ST-ZIP	DULUTH GA 30099-0001			3.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SLAYTON, MITCHELL L			4.2 NAME			
STREET ADDRESS	3100 BRECKINRIDGE BLVD			4.3 STREET ADDRESS			
CITY-ST-ZIP	DULUTH GA 30099-0001			4.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	Vice President/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SLAYTON, DIANNE			5.2 NAME	Alison S. Rand		
STREET ADDRESS	3100 BRECKINRIDGE BLVD			5.3 STREET ADDRESS	3100 Breckinridge Blvd.		
CITY-ST-ZIP	DULUTH GA 30099-0001			5.4 CITY-ST-ZIP	Duluth, GA. 30099-0001		
TITLE	AS	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ATCHESON, RICHARD W			6.2 NAME			
STREET ADDRESS	3100 BRECKINRIDGE BLVD			6.3 STREET ADDRESS			
CITY-ST-ZIP	DULUTH GA 30099-0001			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, or on an appointment with an address, with all other like empowered.

SIGNATURE \_\_\_\_\_ Asst. Secretary D 4/2/99 770-564-6162  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (11/98)

**PRIMERICA CONVENTION SERVICES, INC.**

*OFFICERS AND DIRECTORS*

37187-90011-12  
F96000003169

D. Richard Williams	President/Director
Chess E. Britt	Executive Vice President
Michael R. Snider	Executive Vice President/Controller/Director
Mitchell L. Slayton	Senior Vice President
Alison S. Rand	Vice President/Treasurer
Mary J. Durham	Vice President
Nancy Howell	Vice President
Eric L. Larson	Secretary
Richard W. Atcheson	Assistant Secretary
Judy R. Trollinger	Assistant Secretary

**ADDRESS**

3120 Breckinridge Blvd.  
Duluth, GA. 30099-0001