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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name F97000001666 (3)

COMPASS HOLDINGS DELAWARE INC.

Mailing Address Principal Place of Business

FILED May 06 1998 8:00am Secretary of State



800 MARKET ST #200 WILMINGTON DE 19801		900 MARKET ST #200 WILMINGTON DE 19801		DO NOT WOITE IN	TUIC COACE	
					DO NOT WRITE IN 3. Date Incorporated or Qualified	THIS SPACE
i					04/02/1997	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		56-1870425	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution		
Zip	Country	Zφ	Count	У	8. This corporation owes or has paid the	
24			30	Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent		
, mains and section of the section o					10, Name and Address of New Regist	егеа жуви
C T CORPORATION SYSTEM			6	or Name		
	00 SOUTH PINE ISLAND ROAD		8:	2 Street	Address (P.O. Box Number is Not Acceptable)	
PL	INTATION FL 33324		8:			
			6,	'		
			8	1 City		85 Zip Code
FL (5) 245 Cold						
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 Standard to probe Dating of the seried probled factor and bills of apposable (NOTE: Registered Agent signature required when reinstating) DATE						
	Signature, typi dior printed name of registered no-	D DIRECTORS	11. Hegistered A	gent signaturi	ADDITIONS/CHANGES TO OFFICER	
12.	DP OFFICERS AIN	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO CITICETS	Change Addition
NAME	BAILEY, MICHAEL J		1.2 NAM			
STREET ADDRESS	900 MARKET ST #200			et address		
l (WILMINGTON DE 19801	1.4 C/1				
CITY-ST-ZIP TITLE	CEO	DELETE	2.1 TITLE			Change Addition
NAME	BAILEY, MICHAEL J	_	2.2 NAMI			
STREET ADDRESS	900 MARKET ST #200			L1 ADDRESS		
CITY-ST-ZIP	WILMINGTON DE 19801		2.4 CHY			
TITLE	CFOD	DELETE	3.1 TITLE			Change Addition
NAME	GREEN, GARY R		3.2 NAMI	Ē		
STREET ADDRESS	900 MARKET ST #200		i i	et addhess		
CITY-ST-ZIP	WILMINGTON DE 19801			- ST - ZIP		
TITLE	DV	DELETE	4 1 TITLE			Change Addition
NAME	MATTHEWS, ROGER J		4. 2 NAM	IE.		
STREET ADDRESS	900 MARKET ST #200		4.3 STRE	ET ADDRESS		
CITY-ST-ZIP	WILMINGTON DE 19801		4.4 CITY	- ST- Z IP		
TITLE	D	DELETE	5.1 TITLE			Change Addition
NAME	MACKAY, FRANCIS H		5.2 NAM	ŧ		
STREET ADDRESS	900 MARKET ST #200		5.3 STRE	et address		
CITY-ST-ZIP	WILMINGTON DE 19801	•	5.4 CITY	-ST-ZIP	1	
TITLE	VS	DELETE	6.1 TITLE		Assistant Secretary	Change - Addition
NAME	KERCHER, MARY H	•	62 NAM	E	C. Phillip Wells -	
STREET ADDRESS	900 MARKET ST #200		63 STRE	ET ADDRESS	am market St #200	
CITY-ST-ZIP	WILMINGTON DE 19801		6.4 CITY		Williamon DE 19	801
	perlify that the information supplied y	with this filing does not qualify				her certify that the information

nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.043(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 remained 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.

CASCISTANT SECRETARY

LASCISTANT SECRETARY

LASCISTANT SECRETARY