

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90027 034 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # F98000001962 ✓

1. Corporation Name

MACPHERSON MEISTERGRAM, INC.

Principal Place of Business

3517 W. WENDOVER AVE.
GREENSBORO NC 27407

Mailing Address

3517 W. WENDOVER AVE.
GREENSBORO NC 27407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1998

4. FEI Number

56-1148914

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. ☐ Yes ☒ No

2. Principal Place of Business

21 496 GALLIMORE DAIRY RD

Suite, Apt. #, etc.

22 SUITE D

City & State

23 GREENSBORO, NC

Zip

24 27409

Country

25 USA

2a. Mailing Address

26 PO BOX 1889

Suite, Apt. #, etc.

27

City & State

28 GREENSBORO, NC

Zip

29 27402

Country

30 USA

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 CEOD ☐ DELETE

NAME ZIEGLER, JOHN
STREET ADDRESS 900 MILIK STREET
CITY-ST-ZIP CARTERET NJ 07008

TITLE PCOO ☐ DELETE

NAME LEE, JERRY D
STREET ADDRESS 3517 W. WENDOVER AVE.
CITY-ST-ZIP GREENSBORO NC 27402

TITLE VASD ☐ DELETE

NAME EMERMAN, RONALD P
STREET ADDRESS 3517 W. WENDOVER AVE.
CITY-ST-ZIP GREENSBORO NC 27402

TITLE SD ☐ DELETE

NAME KIERAN, MARY-ANNE
STREET ADDRESS 900 MILIK STREET
CITY-ST-ZIP CARTERET NJ 07008

TITLE D ☐ DELETE

NAME TRIPP, MAXWELL
STREET ADDRESS 3900 GREEN INDUSTRIAL AVENUE
CITY-ST-ZIP ATLANTA GA 30341

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CHIEF FINANCIAL OFFICER ☐ Change ☒ Addition

1.2 NAME STEPHEN C EDWARDS
1.3 STREET ADDRESS 496 GALLIMORE DAIRY RD., SUITE D
1.4 CITY-ST-ZIP GREENSBORO, NC 27409

2.1 TITLE PCOO ☒ Change ☐ Addition

2.2 NAME LEE, JERRY D
2.3 STREET ADDRESS 496 GALLIMORE DAIRY RD., SUITE D
2.4 CITY-ST-ZIP GREENSBORO, NC 27409

3.1 TITLE VASD ☐ Change ☐ Addition

3.2 NAME EMERMAN, RONALD P
3.3 STREET ADDRESS 496 GALLIMORE DAIRY RD., SUITE D
3.4 CITY-ST-ZIP GREENSBORO, NC 27409

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/99

(336) 294-5165

Date

Daytime Phone #

CR2E034 (5/99)