

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90074 015 ***158.75

DOCUMENT # F98000003046

1. Corporation Name
WORKFLOW MANAGEMENT, INC.



Principal Place of Business
3701 EAST VIRGINIA BEACH BLVD.
NORFOLK VA 23502

Mailing Address
3701 EAST VIRGINIA BEACH BLVD.
NORFOLK VA 23502

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1998

4. FEI Number

06-1507104

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

2. Principal Place of Business

2a. Mailing Address

21 240 ROYAL PALM WAY

26 240 ROYAL PALM WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 PALM BEACH, FL

Zip Country

24 33480

25 USA

27 City & State

28 PALM BEACH, FL

Zip Country

29 33480

30 USA

9. Name and Address of Current 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

85 Zip Code

10. Name and Address of New Registered Agent

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 | PDCE | <input type="checkbox"/> DELETE |
| NAME | D'AGOSTINO, THOMAS B | |
| STREET ADDRESS | 3805 EAGLE AVE. | |
| CITY-ST-ZIP | KEY WEST FL 33040 | |
| TITLE | VTS | <input checked="" type="checkbox"/> DELETE |
| NAME | FELDMAN, MICHAEL D | |
| STREET ADDRESS | 3701 EAST VIRGINIA BEACH BLVD. | |
| CITY-ST-ZIP | NORFOLK VA 23502 | |
| TITLE | VAS | <input checked="" type="checkbox"/> DELETE |
| NAME | PLATT, DONALD H | |
| STREET ADDRESS | 1440 NEW YORK AVE., NW SUITE 310 | |
| CITY-ST-ZIP | WASHINGTON DC 20005 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | JAMES, GUS J II | |
| STREET ADDRESS | ONE COMMERCIAL PLACE, SUITE 2000 | |
| CITY-ST-ZIP | NORFOLK VA 23510 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | LEDECKY, JONATHAN J | |
| STREET ADDRESS | 1025 THOMAS JEFFERSON STREET, N.W. | |
| CITY-ST-ZIP | WASHINGTON DC 20007 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | TABOR, TIMOTHY L | |
| STREET ADDRESS | 138 DUANE STREET, APT. 4 | |
| CITY-ST-ZIP | NEW YORK NY 10013 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | PDC | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | D'Agostino, Thomas B. | |
| 1.3 STREET ADDRESS | 240 Royal Palm Way | |
| 1.4 CITY-ST-ZIP | Palm Beach, FL 33480 | |
| 2.1 TITLE | VTS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Gibson, Steven R. | |
| 2.3 STREET ADDRESS | 240 Royal Palm Way | |
| 2.4 CITY-ST-ZIP | Palm Beach, FL 33480 | |
| 3.1 TITLE | VAS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Amlie, Claudia S. | |
| 3.3 STREET ADDRESS | 240 Royal Palm Way | |
| 3.4 CITY-ST-ZIP | Palm Beach, FL 33480 | |
| 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 | | |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Claudia S. Amlie, Vice President

1/20/99

Date

(501)659-6551

Daytime Phone #

CR2E034 (11/98)