

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**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90192 010 \*\*\*150.00

**DOCUMENT # F98000004967**

1. Corporation Name

**CENTENNIAL EMPLOYEE MANAGEMENT CORPORATION**

Principal Place of Business

**400 PERIMETER CENTER TERRACE, SUITE 650  
ATLANTA GA 30346**

Mailing Address

**400 PERIMETER CENTER TERRACE, SUITE 650  
ATLANTA GA 30346**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/01/1998**

4. FEI Number

**58-2081618**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PTC**  
STREET ADDRESS **EATON, J. S**  
CITY-ST-ZIP **400 PERIMETER CENTER TERRACE, SUITE 650  
ATLANTA GA 30346**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **V**  
STREET ADDRESS **DAHL, ALAN C**  
CITY-ST-ZIP **400 PERIMETER CENTER TERRACE, SUITE 650  
ATLANTA GA 30346**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **QUIROS, PAUL A**  
CITY-ST-ZIP **400 PERIMETER CENTER TERRACE, SUITE 650  
ATLANTA GA 30346**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **191 Peachtree Street NE**  
3.4 CITY-ST-ZIP **Atlanta, GA 30303**

TITLE ☐ DELETE  
NAME **AS**  
STREET ADDRESS **BENNETT, LISA A**  
CITY-ST-ZIP **400 PERIMETER CENTER TERRACE, SUITE 650  
ATLANTA GA 30346**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **AS**  
STREET ADDRESS **COSBY, TRACEY C**  
CITY-ST-ZIP **400 PERIMETER CENTER TERRACE, SUITE 650  
ATLANTA GA 30346**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

*Tracey C Cosby*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tracey C Cosby - Assistant Secretary

4/26/99

Date

770-698-9040

Daytime Phone #

CR2E034 (1/1/98)

535392-9092-10  
F98000004967

**CENTENNIAL EMPLOYEE MANAGEMENT CORPORATION  
400 PERIMETER CENTER TERRACE, SUITE 650  
ATLANTA, GA 30346**

**DIRECTOR\*:**

J. Stephen Eaton  
400 Perimeter Center Terrace, Suite 650, Atlanta, GA 30346

**OFFICERS\*:**

**President & Treasurer**

J. Stephen Eaton  
400 Perimeter Center Terrace, Suite 650, Atlanta, GA 30346

**Vice President**

Alan C. Dahl  
400 Perimeter Center Terrace, Suite 650, Atlanta, GA 30346

**Vice President and Assistant Secretary**

Daryl R. Griswold  
400 Perimeter Center Terrace, Suite 650, Atlanta, GA 30346

**Secretary**

Paul A. Quiros  
191 Peachtree Street, NE, Atlanta, GA 30303

**Assistant Secretary**

Lisa A Bennett  
400 Perimeter Center Terrace, Suite 650, Atlanta, GA 30346

**Assistant Secretary**

Tracey C. Cosby  
400 Perimeter Center Terrace, Suite 650, Atlanta, GA 30346

**\* All directors and officers to serve until such time as their successors have been elected in accordance with the Bylaws of the Corporation.**