

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 31, 1999 8:00 am  
Secretary of State

03-31-1999 90059 039 \*\*\*150.00

DOCUMENT # H35216

1. Corporation Name

ECHELON INTERNATIONAL CORPORATION

Principal Place of Business

ONE PROGRESS PLAZA  
SUITE 1500  
ST. PETERSBURG FL 33701  
US

Mailing Address

ONE PROGRESS PLAZA  
SUITE 1500  
ST. PETERSBURG FL 33701  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/26/1984

4. FEI Number

59-2554218

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

21 450 Carillon Parkway

Suite, Apt. #, etc.

22 Suite 200

City & State

23 St. Petersburg, FL

Zip

Country

24 33716

25 USA

2a. Mailing Address

26 450 Carillon Parkway

Suite, Apt. #, etc.

27 Suite 200

City & State

28 St. Petersburg, FL

Zip

Country

29 33716

30 USA

9. Name and Address of Current Registered Agent

GLATHORN JOHNSON, SUSAN  
ONE PROGRESS PLAZA  
SUITE 1500  
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

Susan G. Johnson

82 Street Address (P.O. Box Number is Not Acceptable)

450 Carillon Parkway, Suite 200

83

84 City

St. Petersburg

FL

85 Zip Code  
33716

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

*Susan G. Johnson*  
Signature, typed or printed name of registered agent and title if applicable.

Susan G. Johnson

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/99

12. OFFICERS AND DIRECTORS

TITLE DV ☐ DELETE

NAME DORAMUS, W MICHAEL

STREET ADDRESS ONE PROGRESS PLAZA, SUITE 1500

CITY-ST-ZIP ST. PETERSBURG FL

TITLE V ☐ DELETE

NAME NEWSOME, LARRY J

STREET ADDRESS ONE PROGRESS PLAZA, SUITE 1500

CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE VS ☐ DELETE

NAME JOHNSON, SUSAN G

STREET ADDRESS ONE PROGRESS PLAZA, SUITE 1500

CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE V ☐ DELETE

NAME MAGGI, JULIO A

STREET ADDRESS ONE PROGRESS PLAZA, SUITE 1500

CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE VT ☐ DELETE

NAME WILSON, THOMAS D

STREET ADDRESS ONE PROGRESS PLAZA, SUITE 1500

CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/P... ☐ Change ☒ Addition

1.2 NAME Darryl A. LeClair

1.3 STREET ADDRESS 450 Carillon Parkway, Suite 200

1.4 CITY-ST-ZIP St. Petersburg, FL 33716

2.1 TITLE D/V ☒ Change ☐ Addition

2.2 NAME W. Michael Doramus

2.3 STREET ADDRESS 500 N. Akard, Suite 3000

2.4 CITY-ST-ZIP Dallas, TX 75201

3.1 TITLE V/S ☒ Change ☐ Addition

3.2 NAME Susan G. Johnson

3.3 STREET ADDRESS 450 Carillon Parkway, Suite 200

3.4 CITY-ST-ZIP St. Petersburg, FL 33716

4.1 TITLE V ☒ Change ☐ Addition

4.2 NAME Larry J. Newsome

4.3 STREET ADDRESS 50 Carillon Parkway, Suite 450

4.4 CITY-ST-ZIP St. Petersburg, FL 33716

5.1 TITLE V ☒ Change ☐ Addition

5.2 NAME Julio A. Maggi

5.3 STREET ADDRESS 450 Carillon Parkway, Suite 200

5.4 CITY-ST-ZIP St. Petersburg, FL 33716

6.1 TITLE V/T ☒ Change ☐ Addition

6.2 NAME Thomas D. Wilson

6.3 STREET ADDRESS 450 Carillon Parkway, Suite 200

6.4 CITY-ST-ZIP St. Petersburg, FL 33716

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:

*Susan G. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan G. Johnson

3/29/99

727-803-8200

Date

Daytime Phone #

CR2E034 (11/98)

0004951