

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

001241

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90112 030 ***150.00

DOCUMENT # **J46851**

1. Corporation Name

WAM CORPORATION OF AMERICA



Principal Place of Business

75 BOULDERBROOK CIRCLE
LAWRENCEVILLE GA 30045
US

Mailing Address

75 BOULDERBROOK CIRCLE
LAWRENCEVILLE GA 30045
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1986

4. FEI Number

59-2780853

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

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	VD	<input checked="" type="checkbox"/> DELETE
NAME	MARCHESINI, WAINER	
STREET ADDRESS	VIA CAVOUR N. 338	
CITY-ST-ZIP	CAVEZZO, ITALY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SGARBI, CLAUDIO	
STREET ADDRESS	VIA FORLANINI, 15	
CITY-ST-ZIP	CAVEZZO IT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARCHESINI, ADRIANO	
STREET ADDRESS	VIA CAVOUR N. 338	
CITY-ST-ZIP	MODENA, ITALY	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MAGNANI, MASSIMO	
STREET ADDRESS	75 BOULDERBROOK CIRCLE	
CITY-ST-ZIP	LAWRENCEVILLE GA 30045	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FAULKNER, DAN E	
STREET ADDRESS	3331 BIRCHWOOD TR	
CITY-ST-ZIP	SNELLVILLE GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SALERNO, LUCA	
STREET ADDRESS	3561A PLEASANTBROOK VILLAGE LN	
CITY-ST-ZIP	DORAVILLE GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARCHESINI, WAINER	
1.3 STREET ADDRESS	VIA CAVOUR N. 338	
1.4 CITY-ST-ZIP	CAVEZZO, ITALY	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BERGONZINI, ORLANDO	
2.3 STREET ADDRESS	VIA CAVOUR N. 338	
2.4 CITY-ST-ZIP	CAVEZZO, ITALY	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARCHESINI, MARCELLO	
3.3 STREET ADDRESS	VIA CAVOUR N. 338	
3.4 CITY-ST-ZIP	CAVEZZO, ITALY	
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		

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:

Massimo Magnani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/99
Date

770-339-6767
Daytime Phone #

CR2E034 (11/98)