

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

AMENDED PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P07060

1. Corporation Name

Perkins & Will Southeast, Inc.

Principal Place of Business

1382 Peachtree Street N.E.
Atlanta, GA 30309

Mailing Address

1382 Peachtree Street, N.E.
Atlanta, GA 30309

FILED

99 AUG 26 AM 10: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

3
City & State

27
City & State

4
Zip Country

28
Zip Country

3. Date Incorporated or Qualified

08/09/85

4. FEI Number

58-1293037

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name

Intrastate Registered Agent Corporation

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

701 Brickell Ave., Ste. 3000

84 City

Miami

FL

85 Zip Code

33131

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. INTRASTATE REGISTERED AGENT CORPORATION

SIGNATURE

Steven H. Hagen

Steven H. Hagen, Vice President

8/25/99

Signature typed or printed name of registrant agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME Nix, I. Lewis
STREET ADDRESS 1382 Peachtree Street N.E.
CITY-ST-ZIP Atlanta, GA 30309

TITLE VD ☐ DELETE

NAME Swords, P. Gary
STREET ADDRESS 1382 Peachtree Street N.E.
CITY-ST-ZIP Atlanta, GA 30309

TITLE CSD ☐ DELETE

NAME Mann, Henry A.
STREET ADDRESS 1382 Peachtree Street N.E.
CITY-ST-ZIP Atlanta, GA 30309

TITLE V ☐ DELETE

NAME Aynsley, Stuart
STREET ADDRESS 1382 Peachtree Street N.E.
CITY-ST-ZIP Atlanta, GA 30309

TITLE V ☒ DELETE

NAME Johnson, David C.
STREET ADDRESS 1382 Peachtree Street N.E.
CITY-ST-ZIP Atlanta, GA 30309

TITLE VP ☒ DELETE

NAME Cadrecha, Manuel
STREET ADDRESS 1382 Peachtree Street N.E.
CITY-ST-ZIP Atlanta, GA 30309

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DVP ☐ Change ☒ Addition

1.2 NAME Gelabert-Navia, Jose A.
1.3 STREET ADDRESS 801 Brickell Ave., Ste. 2350
1.4 CITY-ST-ZIP Miami, FL 33131

2.1 TITLE AS ☐ Change ☒ Addition

2.2 NAME Luis Sousa
2.3 STREET ADDRESS 801 Brickell Ave., Ste. 2350
2.4 CITY-ST-ZIP Miami, FL 33131

3.1 TITLE V ☐ Change ☒ Addition

3.2 NAME Johnson, David C.
3.3 STREET ADDRESS 1382 Peachtree Street N.E.
3.4 CITY-ST-ZIP Atlanta, GA 30309

4.1 TITLE VP ☐ Change ☒ Addition

4.2 NAME Cadrecha, Manuel
4.3 STREET ADDRESS 1382 Peachtree Street N.E.
4.4 CITY-ST-ZIP Atlanta, GA 30309

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME 700002975307--8
5.3 STREET ADDRESS -08/31/99--01078--004
5.4 CITY-ST-ZIP *****61.25 *****61.25

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:

Jose A. Gelabert-Navia

Jose A. Gelabert-Navia, Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE