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May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P17605

(7)

1. Corporation Name

GUTHRIE NORTH AMERICA, INC.



Principal Place of Business

Mailing Address

5850 TG LEE BLVD
STE 345
ORLANDO FL 32822
US

5850 TG LEE BLVD
STE 345
ORLANDO FL 32822-4408
US

3. Date Incorporated or Qualified

01/11/1988

3a. Date of Last Report

04/24/1996

4. FEI Number

34-1271497

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 401 Edgewater Place

26 401 Edgewater Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 670

27 670

City & State

City & State

23 Wakefield, MA

28 Wakefield, MA

Zip

Country

24 01880

25 USA

Zip

Country

29 01880

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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 PD ☐ DELETE
NAME QUARTA, ROBERTO
STREET ADDRESS 401 EDGEWATER PL STE 670
CITY-ST-ZIP WAKEFIELD MA

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Roberto Quarta
1.3 STREET ADDRESS 401 Edgewater Pl. Ste 670
1.4 CITY-ST-ZIP Wakefield, MA 01880

TITLE SD ☐ DELETE
NAME MURRER, GREGORY J.
STREET ADDRESS 401 EDGEWATER PL STE 670
CITY-ST-ZIP WAKEFIELD MA

2.1 TITLE SD ☒ Change ☐ Addition
2.2 NAME Gregory J. Murrer
2.3 STREET ADDRESS 401 Edgewater Pl. Ste 670
2.4 CITY-ST-ZIP Wakefield, MA 01880

TITLE TD ☒ DELETE
NAME ROMEO, ROBERT W.
STREET ADDRESS 5850 TG LEE BLVD STE 345
CITY-ST-ZIP ORLANDO FL

3.1 TITLE TD ☐ Change ☒ Addition
3.2 NAME Robert P. Frese
3.3 STREET ADDRESS 401 Edgewater Pl., Ste 670
3.4 CITY-ST-ZIP Wakefield, MA 01880

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97

(617) 246-3286

CR2E034 (9/96)