

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  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90300 044 \*\*\*150.00

DOCUMENT # P20223

1. Corporation Name  
TPI, INC.

Principal Place of Business  
1400 LAKE HEARN DRIVE, N.E.  
ATTN: CORPORATE TAX DEPT.  
ATLANTA GA 30319

Mailing Address  
1400 LAKE HEARN DRIVE, N.E.  
ATTN: CORPORATE TAX DEPT.  
ATLANTA GA 30319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/26/1988

4. FEI Number  
58-1795482

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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

CSC

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

83 CHANGE IN PROGRESS

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 V ☐ DELETE  
NAME BARNETT, PRESTON B  
STREET ADDRESS 1400 LAKE HEARN DRIVE, N.E.  
CITY-ST-ZIP ATLANTA GA 30319

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

TITLE SV ☐ DELETE  
NAME SMITH, JAY R  
STREET ADDRESS 1400 LAKE HEARN DRIVE, N.E.  
CITY-ST-ZIP ATLANTA GA 30319

2.1 TITLE VD ☒ Change ☐ Addition  
2.2 NAME JAY R. SMITH  
2.3 STREET ADDRESS 1400 LAKE HEARN DR.  
2.4 CITY-ST-ZIP ATLANTA, GA. 30319

TITLE SD ☐ DELETE  
NAME MERDEK, ANDREW A  
STREET ADDRESS 1400 LAKE HEARN DRIVE, N.E.  
CITY-ST-ZIP ATLANTA GA 30319

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VT ☐ DELETE  
NAME SOLOMON, CHARLES B  
STREET ADDRESS 1400 LAKE HEARN DRIVE, N.E.  
CITY-ST-ZIP ATLANTA GA 30319

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 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:

Preston B. Barnett  
Vice President - Tax

2/15/99

404-843-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)