Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90155 015 \*\*\*300.00

## 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** 

## **DOCUMENT # P21265**

1. Corporation Name

MID-AMERICA PROFESSIONAL SERVICES, INC.									
Principal Place	of Business	Mailing Address			$\neg \neg$	i indiindi iin iiddi iidis iidin di		11 B1B3) B1831 818	111 MIN 11 10 MI
125 EUGENE O'NEILL DR. SUITE 300 NEW LONDON CT 06320 US		125 EUGENE O'NEILL DR NEW LONDON CT 06320 US		-  -	DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed				
50						10/12/1988			
2. Principal Pl	2a. Mailing Address				4. FEI Number		Арр	lied For	
One Ravinia Drive		26 One Ravinia Drive				61-1098450			Applicable
Suite, Apt. #, etc. 22 Suite 1500		Suite, Apt. #, etc. 27 Suite 1500			5. Certifcate of Status Desired		<b>\$8.75</b> Ad Fee Req	··· 1	
City & State		City & State				6. Election Campaign Financing	п	\$5.00 N	
23 Atlani	ta, GA	28 Atlanta, GA				Trust Fund Contribution		Added to	Fees
Zip 24 30346	Country USA	zip 29 30346 30	Country			This corporation owes the curr Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current	Registered Agent	81		1	0. Name and Address of New F	Registered A	gent	
O T CORROBATION SYSTEM				Name					]
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			82	Street Address (P.O. Box Number is Not Acceptable)					
	ITATION FL 33324		83						
FLANTATION FL 33324			03	Į					
			84				FL	85 Zip C	i
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.								istered	
SIGNATURE		and title if englishing INCITE: Beg	stered Age	nt signature t	enween whe	en reinstating)	DATE		——
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg  12. OFFICERS AND DIRECTORS			13.	in organization (	-	ADDITIONS/CHANGES TO OF	FICERS AN	DIRECTOR	RS IN 12
TITLE	PD	$\overline{\mathbf{X}}$ ] DELETE 1.1			11			☐ Addition	
NAME	STRATTON, ARTHUR W JR	•		l	Ward, David				
STREET ADDRESS					•	Westwood Place, S	uite 21	.0	
CITY+ST-ZIP	FRAMINGHAM MA 017011		1.4 CITY-S	T-ZIP_					
TITLE	DELETE 2.1		2.1 TITLE		VS	4D			☐ Addition
NAME ,	GILLIGAN, ALISON K. 22		2.2 NAME			Miele, Stefano M.			1
STREET ADDRESS			2.3 STREE	Detadoress One Ravinia Drive, Suite 1500					
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	Atlanta, GA 30346				
- TITLE	-		3.1 TITLE		VT .		•	Change	☐ Addition
NAME	G1 (22 101 121) 02.11 11 2.1 2		3.2 NAME		Gentry, Boyd P. One Ravinia Drive, Sutie 1500				
STREET ADDRESS	125 EUGENE O'NEILL DR		3.3 STREE	TADORESS			tie 150	10	
CITY-ST-ZIP	NEW LONDON CT	V-1 a.e	3.4. CITY-1	ST-ZIP		inta, GA 30346		X Change	Addition
TITLE	10		4.1 TITLE		D	Whittle, Susan Thomas			
NAME	HANSEN, DAVID N	i	4. 2 NAME			Ravinia Drive, Su		10	
STREET ADDRESS	1881 WORCESTER RD			TADDRESS	F		.100 100	<i>,</i> 0	
CITY-ST-ZIP	FRAMINGHAM MA 01701	☐ DELETE	4.4 CITY-S	T-ZIP	ALI	inta, GA 30346		Change	Addition
TITLE	•	☐ DELETE	5.1 TITLE 5.2 NAME		1	•			
NAME				TADDRESS	,				
STREET ADDRESS			5.4 CITY-S						
CITY-ST-ZIP		DELETE	6.1 TITLE	11. Z.IF	<del> </del>			Change	☐ Addition
TITLE			6.2 NAME						_
NAME				TADDRESS					{
STREET ADDRESS	l				1				

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 suppliemental 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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CiTY-ST-ZIP

1/22/99

678.443.7000

Daytime Phone #