

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

FILED  
Mar 13 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 # P25139 (7)

1. Corporation Name  
TAMROCK HRM WESTERN HEMISPHERE, INC.



Principal Place of Business Mailing Address  
780 N.W. 42ND AVE., SUITE 323 780 N.W. 42ND AVE., SUITE 323  
MIAMI FL 33126 MIAMI FL 33126-5536

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

3. Date Incorporated or Qualified 3a. Date of Last Report  
07/11/1989 03/08/1996

4. FEI Number Applied For  
65-012777 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

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

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 PD ☐ DELETE  
NAME KIVIMAKI, SEPPO  
STREET ADDRESS 780 N.W. 42ND AVE., SUITE 323  
CITY-ST-ZIP MIAMI FL 33126

TITLE V ☐ DELETE  
NAME ROCCA, PAT  
STREET ADDRESS 780 N.W. 42ND AVE., SUITE 323  
CITY-ST-ZIP MIAMI FL 33126

TITLE S ☐ DELETE  
NAME CASE, HOWARD T  
STREET ADDRESS PENN CENTER WEST, SUITE 120  
CITY-ST-ZIP PITTSBURGH PA 15276

TITLE C ☒ DELETE  
NAME JAKOBSEN, OLE  
STREET ADDRESS PENN CENTER WEST, SUITE 120  
CITY-ST-ZIP PITTSBURGH PA 15276

TITLE D ☒ DELETE  
NAME LIND, RAIMO  
STREET ADDRESS PENN CENTER WEST, SUITE 120  
CITY-ST-ZIP PITTSBURGH PA 15276

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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

CR2E034 (9/96)