

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P25641** (2)
1. Corporation Name
HAAS PUBLISHING COMPANIES, INC.

Principal Place of Business
**3119 CAMPUS DR.
NORCROSS GA 30071**

Mailing Address
**3119 CAMPUS DR.
NORCROSS GA 30071**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/16/1989	
21		26		4. FEI Number 58-1858150	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
24	Zip	25	Country	29	Zip
26		27		30	Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	METZ, ROBERT	1.2 NAME	
STREET ADDRESS	3119 CAMPUS DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	NORCROSS GA	1.4 CITY - ST - ZIP	
TITLE	CD	2.1 TITLE	☐ Change ☐ Addition
NAME	REILLY, WILLIAM	2.2 NAME	
STREET ADDRESS	745 FIFTH AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	FARNSWORTH, JACK	3.2 NAME	
STREET ADDRESS	745 FIFTH AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	AUSTIN, GARY	4.2 NAME	
STREET ADDRESS	3119 CAMPUS DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	NORCROSS GA	4.4 CITY - ST - ZIP	
TITLE	VT	5.1 TITLE	☐ Change ☐ Addition
NAME	PARKER, GERRY	5.2 NAME	
STREET ADDRESS	3119 CAMPUS DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	NORCROSS GA	5.4 CITY - ST - ZIP	
TITLE	VS	6.1 TITLE	☐ Change ☐ Addition
NAME	RIPOSANU, ANN	6.2 NAME	
STREET ADDRESS	745 FIFTH AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	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.

SIGNATURE:

CR2E034 (10/97)