

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1996</b> | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|--|

**DOCUMENT #** P31637 (2)

1. Corporation Name

**NORO-CARSON HOLDING COMPANY B.V.**

|  |  |
|--|--|
| Principal Place of Business<br><b>%NORO REALTY ADVISORS, INC.</b><br><b>SUITE 100</b><br><b>2060 MOUNT PARAN ROAD, NW</b><br><b>ATLANTA, GA 30327 US</b> | Mailing Address<br><b>%NORO REALTY ADVISORS, INC.</b><br><b>SUITE 100</b><br><b>2060 MOUNT PARAN ROAD, NW</b><br><b>ATLANTA, GA 30327 US</b> |
|--|--|

3. Date Incorporated or Qualified **11/02/1990** 3a. Date of Last Report **04/29/1995**

|  |   |  |
|--|---|--|
| <b>21</b> 2. Principal Place of Business<br><b>2060 MOUNT PARAN RD., NW</b><br>Suite Apt # etc<br><b>22</b> City & State<br><b>23</b> Zip Country<br><b>24</b> | <b>2a.</b> Mailing Address<br><b>26</b> 2060 MOUNT PARAN RD., NW<br>Suite Apt # etc<br><b>27</b> City & State<br><b>28</b> Zip Country<br><b>29</b> | <b>4.</b> FEI Number<br><b>98-0074848</b><br>Applied For<br>Not Applicable<br><b>5.</b> Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br><b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br><b>8.</b> This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|--|

**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**

|  |           |
|--|-----------|
| <b>81</b> Name   |           |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |           |
| <b>83</b>  |           |
| <b>84</b> City   | <b>FL</b> |
| <b>85</b> 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                      | <input type="checkbox"/> DELETE      | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>M</b>                             | 1.2 NAME  |   |
| STREET ADDRESS             | <b>NORO (NEDERLAND) BV</b>           | 1.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                | <b>UTRECHTSEWEG 67 3704 HB</b>       | 1.4 CITY ST ZIP                                       |   |
|                            | <b>THE NETHERLANDS</b>               |   |   |
| TITLE                      | <input type="checkbox"/> DELETE      | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D</b>                             | 2.2 NAME  |   |
| STREET ADDRESS             | <b>NELSEN, STEPHEN L.</b>            | 2.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                | <b>2060 MT. PARAN RD., SUITE 100</b> | 2.4 CITY ST ZIP                                       |   |
|                            | <b>ATLANTA, GA</b>                   |   |   |
| TITLE                      | <input type="checkbox"/> DELETE      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 3.2 NAME  |   |
| STREET ADDRESS             |                                      | 3.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                                      | 3.4 CITY ST ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 4.2 NAME  |   |
| STREET ADDRESS             |                                      | 4.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                                      | 4.4 CITY ST ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 5.2 NAME  |   |
| STREET ADDRESS             |                                      | 5.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                                      | 5.4 CITY ST ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 6.2 NAME  |   |
| STREET ADDRESS             |                                      | 6.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                                      | 6.4 CITY ST ZIP                                       |   |

**7000001736547**  
**-03/08/96--01010--007**  
**\*\*\*200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** Steph Thels **Attorney in Fact** 2/26/96 404-262-9400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date