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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 02 1996 8:00 am  
Secretary of State

DOCUMENT # P34093 (5)

1. Corporation Name

~~NEW TELEREP, INCORPORATED~~

TELEREP, INCORPORATED

NC 1-1796

Principal Place of Business

Mailing Address

1 DAG HAMMARSKJOLD PLAZA  
NEW YORK NY 10017  
US

1400 LAKE HEARN DR  
ATTN: CORP TAX DEPT  
ATLANTA GA 30319  
US

3. Date Incorporated or Qualified  
05/28/1991

3a. Date of Last Report  
05/01/1995

4. FEI Number

13-3614548

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ 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

24 Country

28 Zip

29 Country

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

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 HERSON, STEVEN J.  
STREET ADDRESS 1 DAGHAMMARSKJOLD PLZ  
CITY-ST-ZIP NEW YORK NY

TITLE VD ☐ DELETE  
NAME TRIGONY, NICHOLAS D.  
STREET ADDRESS 130 N. DEVEREAUX COURT  
CITY-ST-ZIP ATLANTA GA

TITLE S ☐ DELETE  
NAME MERDEK, ANDREW A  
STREET ADDRESS 3440 KNOLLWOOD DR  
CITY-ST-ZIP ATLANTA GA

TITLE TD ☐ DELETE  
NAME ROUSE, JOHN J., JR.  
STREET ADDRESS 1115 VINTAGE CLUB DRIV  
CITY-ST-ZIP DULUTH GA

TITLE V ☐ DELETE  
NAME BARNETT, PRESTON B  
STREET ADDRESS 1400 LAKE HEARN DR  
CITY-ST-ZIP ATLANTA GA

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

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

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-05/02/96--01084--011  
\*\*\*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: PRESTON B. BARNETT  
VICE PRESIDENT - TAX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/11/96 (404) 843-5184

CR2E034 (12/95)