

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90086 012 ***150.00

DOCUMENT # P34093

1. Corporation Name

TELEREP, INCORPORATED

Principal Place of Business

1 DAG HAMMARSKJOLD PLAZA
NEW YORK NY 10017
US

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1991

4. FEI Number

13-3614548

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ 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

Country

28 Zip

Country

24

25

29

30

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

CSC

82 Street Address (P.O. Box Number is Not Acceptable)

83 "CHANGE IN PROGRESS"

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☒ DELETE

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

☐ DELETE

TITLE V
NAME TILSON JR, THOMAS J
STREET ADDRESS 1400 LAKE HEARN DR
CITY-ST-ZIP ATLANTA GA

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

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

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Preston B. Barnett
Vice President - Tax

2/15/99

Date

404-843-5000

Daytime Phone #

CR2E034 (11/98)