

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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90148 004 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P34496**

1. Corporation Name  
**THE PROFIT RECOVERY GROUP INTERNATIONAL I, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 2300 WINDY RIDGE PKWAY  
 SUITE 300 NO  
 ATLANTA GE 30339-8426  
 US

Mailing Address  
 2300 WINDY RIDGE PKWY  
 SUITE 300 NO  
 ATLANTA GE 30339-8426  
 US

3. Date Incorporated or Qualified  
**06/27/1991**

4. FEI Number  
**58-1917267**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21

2a. Mailing Address  
 26

22 Suite, Apt. #, etc. **Suite 900 N**

27 Suite, Apt. #, etc. **Suite 900 N**

23 City & State

28 City & State

24 Zip Country 25 29 Zip Country 30

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	TOMA, JOHN M	
STREET ADDRESS	2300 WINDY RIDGE PKWY, SUITE 100 NORTH	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	TOMA, JOHN M	
STREET ADDRESS	2300 WINDY RIDGE PKWY SUITE 300 NO	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LUSTIG, MICHAEL A	
STREET ADDRESS	2300 WINDY RIDGE PKWY SUITE 300 NO	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CARLINO, ROBERT V	
STREET ADDRESS	2300 WINDY RIDGE PKWY SUITE 300 NO	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	MILLS, TONY G	
STREET ADDRESS	2300 WINDY RIDGE PKWY SUITE 300 NO	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BROOKMIRE, DAVID	
STREET ADDRESS	2300 WINDY RIDGE PKWY SUITE 300 NO	
CITY-ST-ZIP	ATLANTA GA 30339	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John M. Cook	
1.3 STREET ADDRESS	2300 Windy Ridge Pkwy, Suite 900 North	
1.4 CITY-ST-ZIP	Atlanta GA 30339	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	Suite 900 N.	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	Suite 900N	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	Suite 900N	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	Suite 900N	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	Suite 900N	
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, with all other like empowered.

SIGNATURE: Mark L Henry 3/27/99 770 779 3040  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)