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FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P35797

(0)

1. Corporation Name
UNISERV, INC.

Principal Place of Business
ONE SOUTHWIRE DR.
CARROLLTON GA 30117-4454

Mailing Address
ONE SOUTHWIRE DR.
CARROLLTON GA 30117-4454

3. Date Incorporated or Qualified 10/07/1991
3a. Date of Last Report 05/23/1996

4. FEI Number 58-1172327
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 Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MANN, ROBERT G JR.	
STREET ADDRESS	ONE SOUTHWIRE DRIVE	
CITY- ST- ZIP	CARROLLTON GA	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RANDOLPH, TONY	
STREET ADDRESS	ONE SOUTHWIRE DR.	
CITY- ST- ZIP	CARROLLTON GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STEPHENS, JOHN C.	
STREET ADDRESS	ONE SOUTHWIRE DR.	
CITY- ST- ZIP	CARROLLTON GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BERRY, ANNA L	
STREET ADDRESS	ONE SOUTHWIRE DR.	
CITY- ST- ZIP	CARROLLTON GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEARNBURG, WILLIAM V	
STREET ADDRESS	ONE SOUTHWIRE DRIVE	
CITY- ST- ZIP	CARROLLTON GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michael P. Wiggins	
1.3 STREET ADDRESS	One Southwire Drive	
1.4 CITY- ST- ZIP	Carrollton, GA, 30119	
2.1 TITLE	VP & Gen. Dir. ID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gary N. Royal	
2.3 STREET ADDRESS	One Southwire Dr.	
2.4 CITY- ST- ZIP	Carrollton, GA, 30119	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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: *John C. Stephens* 2-21-97 770-832-5325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)