

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 15, 1999 8:00 am  
Secretary of State

04-15-1999 90151 026 \*\*\*150.00

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1. Corporation Name

WESTCHESTER SPECIALTY SERVICES, INC.

Principal Place of Business

204 S. MONROE ST.  
TALLAHASSEE FL 32301

Mailing Address

204 S. MONROE ST.  
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1998

4. FEI Number

58-2430509

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

Trust Fund Contribution

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

☐

Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

MEENAN, TIMOTHY J  
204 S. MONROE ST.  
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

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 President & Director ☐ DELETE

NAME Robert J. Gaffney  
STREET ADDRESS Six Concourse Pkwy Suite 2500  
CITY-ST-ZIP Atlanta, GA 30328

TITLE Treasurer ☐ DELETE

NAME William P. Garrigan  
STREET ADDRESS Six Concourse Pkwy Suite 2500  
CITY-ST-ZIP Atlanta, GA 30328

TITLE General Counsel & Secretary ☐ DELETE

NAME Richard T. Gieryn Jr.  
STREET ADDRESS Six Concourse Pkwy Suite 2500  
CITY-ST-ZIP Atlanta, GA 30328

TITLE Executive Vice President ☐ DELETE

NAME Marc D. Vivori  
STREET ADDRESS Six Concourse Pkwy Suite 2500  
CITY-ST-ZIP Atlanta, GA 30328

TITLE Vice President ☐ DELETE

NAME Shaun M. Fetherston  
STREET ADDRESS Six Concourse Pkwy Suite 2500  
CITY-ST-ZIP Atlanta, GA 30328

TITLE ☐ DELETE

NAME Dennis B. Reding-Director  
STREET ADDRESS Six Concourse Pkwy Suite 2500  
CITY-ST-ZIP Atlanta, GA 30328

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 ☐ Change ☐ Addition

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

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:

*Richard T. Gieryn Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99

Date

Daytime Phone #

CR2E034 (11/98)

0049492