

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
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90121 025 ***150.00

DOCUMENT # **V17542**

1. Corporation Name
VOYAGER SERVICE PROGRAMS, INC.

Principal Place of Business
**11222 QUAIL ROOST DRIVE
MIAMI FL 33157**

Mailing Address
**11222 QUAIL ROOST DRIVE
MIAMI FL 33157**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1992

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 **110 W. Seventh Street**

Suite, Apt. #, etc.

27 **9th Floor**

City & State

28 **Fort Worth, TX**

Zip

29 **76102**

Country

30 **U.S.**

4. FEI Number

59-3110220

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 owes the current year Intangible

Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
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 **DCEO** ☐ DELETE
NAME **GASTON, GERALD N.**
STREET ADDRESS **11222 QUAIL ROOST DRIVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **PCO** ☐ DELETE
NAME **GAMBERO, DARRELL G**
STREET ADDRESS **110 W SEVENTH ST**
CITY-ST-ZIP **FT WORTH TX**

TITLE **DS** ☐ DELETE
NAME **HEGGEN, ARTHUR W**
STREET ADDRESS **11222 QUAIL ROOST DR**
CITY-ST-ZIP **MIAMI FL**

TITLE **VP** ☐ DELETE
NAME **CLEMENT, ALAN M III**
STREET ADDRESS **4250 LAKESIDE DR SUITE 304**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **T** ☐ DELETE
NAME **CASTELO, ENRIQUE L.**
STREET ADDRESS **11222 QUAIL ROOST DRIVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **AS** ☐ DELETE
NAME **COOPER, MARK A**
STREET ADDRESS **110 WEST SEVENTH STREET**
CITY-ST-ZIP **FT. WORTH FL 76102**

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:

Mark Cooper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Cooper

1/11/99

(800) 334-9282

Date

Daytime Phone # x. 1268

CR2E034 (11/98)

176888-90121-25
V17542

DIRECTORS AND OFFICERS OF VOYAGER SERVICE PROGRAMS, INC.

STATE OF FLORIDA

Directors

Michael T. Ray
Gerald N. Gaston
Arthur W. Heggen

Officers

Chief Executive Officer.....Michael T. Ray
Secretary.....Arthur W. Heggen
Treasurer.....Enrique L. Castelo

Address for above directors and officers is: 11222 Quail Roost Dr., Miami, FL 33157

Senior Vice President.....Bernard C. Unterreiner
Vice President.....Michael P. Flaherty
Vice President.....Kenneth L. Slaton

Address for above officers is: 3237 Satellite Blvd., Suite 400, Duluth, GA 30096

Chief Operating Officer and President.....Darrell J. Gambero
1st Senior Vice President.....Thomas E. McCraw
Senior Vice President.....Ray R. Sakowski
Chief Financial Officer, Senior Vice President and Assistant Treasurer.....Dava G. Carson
Vice President.....Charles J. Choffin
Vice President.....Allan M. Clement, III
Vice President and Assistant Secretary.....Mark A. Cooper
Vice President.....Resa J. Dunkin
Vice President.....Gregory Egbert
Vice President.....John Everdale
Vice President.....G. Gano Harris
Vice President.....David P. May
Vice President.....Ronald W. Willis

Address for above officers is: 110 W. Seventh St., Fort Worth, Texas 76102