

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

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FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # J46851 (8)  
1. Corporation Name  
WAM CORPORATION OF AMERICA



Principal Place of Business: 2650 PLEASANTDALE RD., SUITE 15 ATLANTA GA 30340  
Mailing Address: 2650 PLEASANTDALE RD., SUITE 15 ATLANTA GA 30340

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 75 Boulderbrook Circle  
22 Lawrenceville, Ga.  
23 30047  
24 25 Guinette  
26 75 Boulderbrook Circle  
27 Suite, Apt. #, etc.  
28 Lawrenceville, Ga.  
29 30047  
30 25 Guinette

3. Date Incorporated or Qualified: 12/09/1986

4. FEI Number: 59-2780853

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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
BERGONZINI, ORLANDO  
205 CHERRY HILL CIR  
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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                      | VD                             | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MARCHSINI, WAINER              | 1.2 NAME  |  |
| STREET ADDRESS             | VIA CAVOUR N. 338              | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | CAVEZZO, ITALY                 | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D                              | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | SGARBI, CLAUDIO                | 2.2 NAME  |  |
| STREET ADDRESS             | VIA FORLANINI, 15              | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | CAVEZZO IT                     | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D                              | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MARCHESINI, ADRIANO            | 3.2 NAME  |  |
| STREET ADDRESS             | VIA CAVOUR N. 338              | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MODENA, ITALY                  | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | PD                             | 4.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | BERGONZINI, ORLANDO            | 4.2 NAME  | PROFICIENT   |
| STREET ADDRESS             | 205 CHERRY HILL CIRCLE         | 4.3 STREET ADDRESS                                    | MASIMO MAGNANI   |
| CITY-ST-ZIP                | LONGWOOD FL                    | 4.4 CITY-ST-ZIP                                       | 75 BOULDERBROOK CIRCLE   |
| TITLE                      | VP                             | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | FAULKNER, DAN E                | 5.2 NAME  |  |
| STREET ADDRESS             | 3331 BIRCHWOOD TR              | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | SNELLVILLE GA                  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | S                              | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | SALERNO, LUCA                  | 6.2 NAME  |  |
| STREET ADDRESS             | 3561A PLEASANTBROOK VILLAGE LN | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | DORAVILLE GA                   | 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.

SIGNATURE: \_\_\_\_\_

CR2E034 (10/97)