

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J46851

FILED
Mar 31, 2000 8:00 am
Secretary of State

1. Entity Name
WAM CORPORATION OF AMERICA

02-29-2000 90152 019 ****15.00
 03-31-2000 90103 014 ****150.00

Principal Place of Business BOULDERBROOK CIRCLE LAWRENCEVILLE GA 30045	Mailing Address 75 BOULDERBROOK CIRCLE LAWRENCEVILLE GA 30045-4698 US
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
Country	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2780853** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ DATE: _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back.)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MARCHESINI, WAINER		NAME Marchesini, Marcello	
STREET ADDRESS VIA CAVOUR N. 338		STREET ADDRESS Via Cavour N. 338	
CITY-ST-ZIP CAVEZZO ITALY EU		CITY-ST-ZIP Cavezzo Italy EU	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SGARBI, CLAUDIO		NAME Michael Grass	
STREET ADDRESS VIA FORLANINI, 15		STREET ADDRESS Via Cavour N. 338	
CITY-ST-ZIP CAVEZZO IT		CITY-ST-ZIP Cavezzo Italy EU	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARCHESINI, ADRIANO		NAME	
STREET ADDRESS VIA CAVOUR N. 338		STREET ADDRESS	
CITY-ST-ZIP MODENO ITALY EU		CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAGNANI, MASSIMO		NAME	
STREET ADDRESS 75 BOULDERBROOK CIRCLE		STREET ADDRESS	
CITY-ST-ZIP LAWRENCEVILLE GA 30045		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FAULKNER, DAN E		NAME	
STREET ADDRESS 3331 BIRCHWOOD TR		STREET ADDRESS	
CITY-ST-ZIP SNELLVILLE GA 30078		CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> Delete	TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SALERNO, LUCA		NAME Naum Brodsky	
STREET ADDRESS 3561A PLEASANTBROOK VILLAGE LN		STREET ADDRESS 560 Oxford Crest Court	
CITY-ST-ZIP DORAVILLE GA		CITY-ST-ZIP Lawrenceville GA 30043	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MASSIMO MAGNANI *MASSIMO MAGNANI* 1/10/00 770-339-6767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)