

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90178 025 ***150.00

DOCUMENT # 844375

1. Entity Name
JEFFERSON-PILOT COMMUNICATIONS COMPANY



Principal Place of Business
**100 N. GREENE ST.
GREENSBORO NC 27401
US**

Mailing Address
**P. O. BOX 21008
GREENSBORO NC 27420
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **56-0405830**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	WEATHERLY, JOSEPH E.	
STREET ADDRESS	100 N GREENE STREET	
CITY-ST-ZIP	GREENSBORO NC	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MCALISTER, DANIEL K	
STREET ADDRESS	100 N. GREENE ST.	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STILL, JOHN T., III	
STREET ADDRESS	100 N GREENE ST	
CITY-ST-ZIP	GREENSBORO NC	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STONE, THERESA M	
STREET ADDRESS	100 NORTH GREENE STREET	
CITY-ST-ZIP	GREENSBORO NC	
TITLE	V	<input type="checkbox"/> Delete
NAME	COLLINS, DENNIS P	
STREET ADDRESS	20450 NW 2ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with an other I am empowered.

SIGNATURE: *[Signature]* **REQUIRED** Date **4/15/03** Daytime Phone # **336-691-3317**

CR2E034 (10/02)