

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**

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

**FILED**  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # **F94000003143**  
1. Corporation Name **3143**

**CAPSTONE CAPITAL CORPORATION**

Principal Place of Business Mailing Address

**1000 URBAN CENTER PKWY BIRMINGHAM, AL 35242** **1000 URBAN CENTER PKWY BIRMINGHAM, AL 35242**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 **SUITE 630** 27 **SUITE 630**  
City & State City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified **06/15/94** 3a. Date of Last Report **05/95**

4. FEI Number **63-1115479** 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

\*\*\*200.00

DO NOT WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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	PD
NAME	MCROBERTS, JOHN W
STREET ADDRESS	1000 URBAN CTR PKWY BHAM AL 35242
CITY - ST - ZIP	1000 URBAN CTR PKWY BHAM AL 35242
TITLE	TS
NAME	KIZER, ANDREW L
STREET ADDRESS	1000 URBAN CTR PKWY BHAM AL 35242
CITY - ST - ZIP	1000 URBAN CTR PKWY BHAM AL 35242
TITLE	V
NAME	HARLAN, WILLIAM C
STREET ADDRESS	1000 URBAN CTR PKWY BHAM AL 35242
CITY - ST - ZIP	1000 URBAN CTR PKWY BHAM AL 35242
TITLE	CD
NAME	SCRUSHY, RICHARD M
STREET ADDRESS	2 PERIMETER PARK S STE 224 BHAM AL
CITY - ST - ZIP	2 PERIMETER PARK S STE 224 BHAM AL
TITLE	D
NAME	MARTIN, MICHAEL D
STREET ADDRESS	2 PERIMETER PARK S STE 224 BHAM AL
CITY - ST - ZIP	2 PERIMETER PARK S STE 224 BHAM AL
TITLE	SEE ATTACHMENT
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	STRIPLIN JR, LARRY D	
13 STREET ADDRESS	2924 3RD AVE S, BHAM AL 35233	
14 CITY - ST - ZIP	2924 3RD AVE S, BHAM AL 35233	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	MORTON, BARRY W	
23 STREET ADDRESS	1901 ROBINS DR, BHAM AL 35209	
24 CITY - ST - ZIP	1901 ROBINS DR, BHAM AL 35209	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	BOGLE, GEORGE E	
33 STREET ADDRESS	7301 N 16TH STE 201 PHOENIX AZ 85026	
34 CITY - ST - ZIP	7301 N 16TH STE 201 PHOENIX AZ 85026	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 unchanged or on an attachment with an address.

SIGNATURE:

*Andrew L. Kizer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (205) 967-2092  
Date Daytime Phone

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CAPSTONE CAPITAL CORPORATION  
1995 CORPORATION ANNUAL REPORT  
ATTACHMENT  
EIN: 63-1115479

OFFICERS AND DIRECTORS

TITLE D  
NAME ELKINS, ROBERT N  
ADDRESS 10065 RED RUN BLVD, OWINGS MILLS MD 21117

TITLE D  
NAME HANSON, ERIC R  
ADDRESS 1055 N FAIRFAX STREET STE 201, ALEXANDRIA VA 23214