

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

001058

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90196 002 \*\*\*150.00

DOCUMENT # F94000006072

1. Corporation Name STEVEN D. BELL & COMPANY



Principal Place of Business: 823 N ELM ST, STE 200, GREENSBORO NC 27401, US  
Mailing Address: PO BOX 3288, GREENSBORO NC 27402, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields.

3. Date Incorporated or Qualified: 11/28/1994  
4. FEI Number: 56-1148631  
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

10. Name and Address of New Registered Agent

C T 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	PT	<input type="checkbox"/> DELETE
NAME	BELL, STEVEN D	
STREET ADDRESS	823 N ELM ST	
CITY-ST-ZIP	GREENSBORO NC	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BELL, JACKIE K	
STREET ADDRESS	823 N ELM ST	
CITY-ST-ZIP	GREENSBORO NC	
TITLE	SRV	<input type="checkbox"/> DELETE
NAME	HARRINGTON, EDWARD M	
STREET ADDRESS	823 N ELM ST	
CITY-ST-ZIP	GREENSBORO NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHUSTER, JEFFREY L	
STREET ADDRESS	823 N ELM ST	
CITY-ST-ZIP	GREENSBORO NC	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	RETSCH, JENNIFER J	
STREET ADDRESS	823 N ELM ST	
CITY-ST-ZIP	GREENSBORO NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RANELLI, DOMINIC A	
STREET ADDRESS	823 N ELM ST	
CITY-ST-ZIP	GREENSBORO NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Terence E.W. Slatter	
5.3 STREET ADDRESS	823 N ELM ST	
5.4 CITY-ST-ZIP	GREENSBORO, NC	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Edward M. Harrington EDWARD M. HARRINGTON PRESIDENT 2-5-99 336-272-7196  
Date Daytime Phone #

CR2E034 (11/98)