

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90081 042 ***150.00

DOCUMENT # F96000000938

1. Entity Name
SPECIAL COUNSEL, INC.

Principal Place of Business 1 INDEPENDENT DRIVE JACKSONVILLE FL 32202 US	Mailing Address ATTN: GERALD ROBINSON ONE INDEPENDENT DR JACKSONVILLE FL 32202-5039
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2. Principal Place of Business <i>One Independent Dr.</i> Suite, Apt. #, etc.	3. Mailing Address <i>One Independent Dr.</i> Suite, Apt. #, etc. <i>Attn: Gerald Robinson</i>
City & State <i>Jacksonville FL</i>	City & State <i>Jacksonville FL</i>
Zip <i>32202</i> Country <i>USA</i>	Zip <i>32202</i> Country <i>USA</i>



DO NOT WRITE IN THIS SPACE

4. FEI Number **52-1736703** 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

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

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB DEWAN, DEREK E ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPBM ABNEY, MICHAEL D ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BLACK, LAURA B ONE INDEPENDENT DR JACKSONVILLE FL 32202 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEUMANN, MARK D ONE INDEPENDENT DR JACKSONVILLE FL 32202 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROBINSON, GERALD ONE INDEPENDENT DT JACKSONVILLE FL 32202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Please see attachment for updated Officers + Directors</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gerald Robinson Date: 4-13-00 (904) 360-2704
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)

#F96 00000938
917809

Special Counsel, Inc.
Officers and Board of Directors

Title	Name	Social Security #	Address	Phone #
Chairman	Derek E. Dewan	041-42-1309	One Independent Drive Jacksonville, FL 32202	(904) 360-2000
President	Vacant as of Jan. 1, 2000		One Independent Dr. Jacksonville, FL 32202	(904) 360-2000
Sr. Vice President Treasurer	Michael D. Abney	261-43-8726	One Independent Dr. Jacksonville, FL 32202	(904) 360-2000
Sr. Vice President	George Bajalia	265-29-1983	One Independent Dr. Jacksonville, FL 32202	(904) 360-2000
Sr. Vice President Secretary	Marc M. Mayo	267-13-6753	One Independent Dr. Jacksonville, FL 32202	(904) 360-2000
Assistant Secretary	John Marshall	266-35-6196	One Independent Dr. Jacksonville, FL 32202	(904) 360-2000
Assistant VP of Tax	Gerald Robinson	051-62-4431	One Independent Dr. Jacksonville, FL 32202	(904) 360-2000