

**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 <b>1 INDEPENDENT DRIVE          JACKSONVILLE FL 32202          US</b>	Mailing Address <b>ATTN: GERALD ROBINSON          ONE INDEPENDENT DR          JACKSONVILLE FL 32202-5039</b>
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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 <b>52-1736703</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY          1201 HAYS STREET          TALLAHASSEE FL 32301-2525</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COB</b> <b>DEWAN, DEREK E</b> <b>ONE INDEPENDENT DRIVE</b> <b>JACKSONVILLE FL 32202</b> <input type="checkbox"/> Delete	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	<b>VPBM</b> <b>ABNEY, MICHAEL D</b> <b>ONE INDEPENDENT DRIVE</b> <b>JACKSONVILLE FL 32202</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS</b> <b>BLACK, LAURA B</b> <b>ONE INDEPENDENT DR</b> <b>JACKSONVILLE FL 32202</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>NEUMANN, MARK D</b> <b>ONE INDEPENDENT DR</b> <b>JACKSONVILLE FL 32202</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>ROBINSON, GERALD</b> <b>ONE INDEPENDENT DT</b> <b>JACKSONVILLE FL 32202</b> <input type="checkbox"/> Delete	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"/> Delete	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 **4-13-00** (904) 360-2704  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 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