

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91005 036 ***150.00

0021849 AV

DOCUMENT # F96000000938

1. Entity Name
SPECIAL COUNSEL, INC.



Principal Place of Business
**ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32202
US**

Mailing Address
**ATTN: GERALD ROBINSON
ONE INDEPENDENT DR
JACKSONVILLE FL 32202**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

4. FEI Number 52-1736703				Applied For
				Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			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)

Signature, typed or printed name of registered agent and title if applicable. 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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DEWAN, DEREK E ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 <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	SVS MAYO, MARC M ONE INDEPENDENT DR JACKSONVILLE FL 32202 <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	AVT ROBINSON, GERALD ONE INDEPENDENT DT JACKSONVILLE FL 32202 <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	AS MARSHALL, JOHN ONE INDEPENDENT DR JACKSONVILLE FL 32202 <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
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

please see attachment

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 all other like empowered.

SIGNATURE: Gerald Robinson **REQUIRE** 4-25-03 904-360-2704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

80103715
Attachment Do# F96000000938

**Special Counsel, Inc.
Officers and Directors**

Title	Name	Business Address
Sr. Vice President Treasurer	Robert Crouch	One Independent Drive Jacksonville, FL 32202
Vice President & Secretary	Greg Holland	One Independent Drive Jacksonville, FL 32202
Asst Secretary	Tyra Tutor	One Independent Drive Jacksonville, FL 32202
President	John Marshall III	One Independent Drive Jacksonville, FL 32202
Chief Executive Officer	Timothy D. Payne	One Independent Drive Jacksonville, FL 32202
Vice President	Elizabeth Parks	One Independent Drive Jacksonville, FL 32202
VP of Taxes	Gerald Robinson	One Independent Drive Jacksonville, FL 32202
Director	Derek E. Dewan	One Independent Drive Jacksonville, FL 32202
Director	Timothy D. Payne	One Independent Drive Jacksonville, FL 32202
Director	Tyra Tutor	One Independent Drive Jacksonville, FL 32202