

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90075 021 ***150.00

DOCUMENT # PL0740
 1. Entity Name Forward Development, Inc.

Principal Place of Business 128 S. Tryon St., #900
Charlotte, NC 28202
 Mailing Address 128 S. Tryon St.
Suite 900
Charlotte, NC 28202

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

4. FEI Number 56-1761012 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <u>CP</u>	<input type="checkbox"/> Delete
NAME <u>Walker, Kenneth D.</u>	
STREET ADDRESS <u>128 S. Tryon St., #900</u>	
CITY-ST-ZIP <u>Charlotte, NC 28202</u>	
TITLE <u>DV.</u>	<input type="checkbox"/> Delete
NAME <u>Zhiss, Gene</u>	
STREET ADDRESS <u>128 S. Tryon St., #900</u>	
CITY-ST-ZIP <u>Charlotte, NC 28202</u>	
TITLE <u>DVS</u>	<input type="checkbox"/> Delete
NAME <u>Pearce, Ted P.</u>	
STREET ADDRESS <u>128 S. Tryon St., #900</u>	
CITY-ST-ZIP <u>Charlotte, N.C. 28202</u>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <u>VP of Finance</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <u>Street, Mark</u>	
STREET ADDRESS <u>128 S. Tryon St., Suite 900</u>	
CITY-ST-ZIP <u>Charlotte, NC 28202</u>	
TITLE <u>VP of COSC</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <u>Catapano, James</u>	
STREET ADDRESS <u>128 S. Tryon St., #900</u>	
CITY-ST-ZIP <u>Charlotte, N.C. 28202</u>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Ted P. Pearce 5-8-00 704/377-8855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (9/99)