

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90112 047 \*\*\*150.00

**DOCUMENT # F98000004077**

1. Corporation Name  
**COLONY MANAGEMENT SERVICES, INC.**



Principal Place of Business

9201 FOREST HILL DRIVE, STE 200  
RICHMOND VA 23235

Mailing Address

9201 FOREST HILL DRIVE, STE 200  
RICHMOND VA 23235

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1998

4. FEI Number

56-1737802

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

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	PD	<input type="checkbox"/> DELETE
NAME	LATHAM, JOHN	
STREET ADDRESS	9201 FOREST HILL DR., STE 200	
CITY-ST-ZIP	RICHMOND VA	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ABRAM, J A	
STREET ADDRESS	2200 GATEWAY BLVD., STE 205	
CITY-ST-ZIP	MORRISVILLE NC	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DAVIS, GREGG T	
STREET ADDRESS	2200 GATEWAY BLVD., STE 205	
CITY-ST-ZIP	MORRISVILLE NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DESCH, EDWARD	
STREET ADDRESS	9201 FOREST HILL DR., STE 200	
CITY-ST-ZIP	RICHMOND VA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PILKINGTON, DALE	
STREET ADDRESS	9201 FOREST HILL DR., STE 200	
CITY-ST-ZIP	RICHMOND VA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WALL, DOUGLAS	
STREET ADDRESS	9201 FOREST HILL DR., STE 200	
CITY-ST-ZIP	RICHMOND VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2801 Slater Road, Suite 110
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2801 Slater Road, Suite 110
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 Desch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99  
Date

804-322-1733  
Daytime Phone #

CR2E034 (1/98)