2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1052

0043367 AV

DOCUMENT # 530881

1. Entity Name
HORIZON MANAGEMENT SERVICES, INC.

FILED
03 JAN 30 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
% THE PRENTICE HALL CORPORATION SYSTEM INC 1201 HAYS STREET, STE. 105 TALLAHASSEE FL 32301 US	% THE PRENTICE HALL CORPORATION SYSTEM INC 1201 HAYS STREET, STE. 105 TALLAHASSEE FL 32301 US

☐ CHECK HERE IF MAKING CHANGES 03

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

4. FEI Number 59-2193986 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP ANDERSEN, ROBERT L 301 S. COLLEGE ST CHARLOTTE NC 28288-0630	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400011409344
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DUBIE, CAROL A 1339 CHESTNUT ST PHILADELPHIA PA 19107	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP DAVIES, CHRISTOPHER D 301 S. COLLEGE STREET CHARLOTTE NC 28288-0630	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOLT, DAVID 1100 CORPORATE CIRCLE DR RALEIGH NC 27607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MULLIS, CAROL R 301 S. COLLEGE STREET CHARLOTTE NC 28288-0630	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Carol R. Mullis 301 S. College Street Charlotte, NC 28288-0630 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: Carol R. Mullis Carol R. Mullis, Vice President (704) 374-6612 1/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2052

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 913200 167868A

AUTHORIZATION : Patricia Piggott

COST LIMIT : $ 150.00

ORDER DATE : January 30, 2003

ORDER TIME : 12:20 PM

ORDER NO. : 913200-010

CUSTOMER NO: 167868A

CUSTOMER: Ms. Mindi O'hayre
Wachovia Corporation
One First Union Center, Nc0630
301 South College Street-30th
Charlotte, NC 28288-0630

ANNUAL REPORT FILING

NAME: HORIZON MANAGEMENT SERVICES, INC.

RECEIVED
03 JAN 30 PM 1:02
OFFICE OF SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore - Ext. 1147

EXAMINER'S INITIALS: _____