

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90046 042 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 710315</b> 1. Corporation Name <b>PI KAPPA PHI PROPERTIES, INC.</b>		
Principal Place of Business 7017 NATIONS FORD RD CHARLOTTE NC 28217 US	Mailing Address P. O. BOX 240526 CHARLOTTE NC 28224	



2. Principal Place of Business 21 <b>2102 Cambridge Beltway Dr</b> Suite, Apt. #, etc. 22 <b>Suite A</b> City & State 23 <b>Charlotte, NC</b> Zip 24 <b>28273</b> Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	3. Date Incorporated or Qualified <b>02/04/1966</b>	4. FEI Number <b>59-6216310</b> Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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9. Name and Address of Current Registered Agent <b>HIGHTOWER, NATHAN 400 CLEVELAND STREET CLEARWATER FL 33515</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<b>Executive Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TIMMES, M E</b>	1.2 NAME	<b>David J. Sullivan</b>
STREET ADDRESS	<b>7017 NATIONS FORD RD</b>	1.3 STREET ADDRESS	<b>PO Box 240526</b>
CITY-ST-ZIP	<b>CHARLOTTE NC</b>	1.4 CITY-ST-ZIP	<b>Charlotte, NC 28224</b>
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATERNO, ROBERT J</b>	2.2 NAME	
STREET ADDRESS	<b>801 BRICKELL AVE. 14TH FLOOR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STUCKEL, JAY J</b>	3.2 NAME	
STREET ADDRESS	<b>6157 KERTH RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST LOUIS MO</b>	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEAK, J COUNCILL</b>	4.2 NAME	
STREET ADDRESS	<b>1900 ROXBOROUGH RD STE 200</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHARLOTTE NC</b>	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACOBS, MARK</b>	5.2 NAME	
STREET ADDRESS	<b>5238 N NEW JERSEY ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIANAPOLIS IN 46220</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ASPINWALL, GLENN</b>	6.2 NAME	
STREET ADDRESS	<b>250 WILLIAMS ST, MEZZANINE LEVEL</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	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 617, 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: David J. Sullivan **SIGNATURE REQUIRED** 3-2-99 (704) 504-0888 x116  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)