

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 818433

1. Entity Name

WILBUR SMITH ASSOCIATES, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90163 017 ***158.75

Principal Place of Business

Mailing Address

1301 GERVAIS STREET, NCNB TOWER
P.O. BOX 92
COLUMBIA, S. C. 29202

1301 GERVAIS STREET, NCNB TOWER
P.O. BOX 92
COLUMBIA, S. C. 29202-0092

2. Principal Place of Business

1301 Gervais St. Suite 1500

Suite, Apt. #, etc.

3. Mailing Address

1301 Gervais St. Suite 1500

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

57-0405950

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ZUELSDOFF, R., J.	
STREET ADDRESS	NCNB TOWER BOX 92	
CITY-ST-ZIP	COLUMBIA SC	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WUESTEFELD, N. H.	
STREET ADDRESS	NCNB TOWER #92	
CITY-ST-ZIP	COLUMBIA, SC 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	HENNECY, F. M	
STREET ADDRESS	NCNB TOWER #92	
CITY-ST-ZIP	COLUMBIA, SC 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 92, Bank of America Tower	
CITY-ST-ZIP	Columbia SC 29202	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linyard, S.E.G.	
STREET ADDRESS	P.O. Box 92, Bank of America Tower	
CITY-ST-ZIP	Columbia SC 29202	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 92, Bank of America Tower	
CITY-ST-ZIP	Columbia SC 29202	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

803-758-4500

Daytime Phone #

CR2E034 (9/99)