

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -5 PM 1:51

DOCUMENT # 822549 (2)

1. Corporation Name

UNITED SILVER SPRING ASSOCIATES INC

Principal Place of Business

1001 WADE AVENUE
RALEIGH NC 27605
US

Mailing Address

1001 WADE AVENUE
RALEIGH NC 27605
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/25/1969

3a. Date of Last Report

04/15/1994

4. FEI Number

52-0819522

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BRUCE, ROBERT J
STREET ADDRESS 1001 WADE AVE.
CITY- ST- ZIP RALEIGH NC

Delete

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE TDP
NAME BEHR, CHARLES W
STREET ADDRESS 1001 WADE AVE.
CITY- ST- ZIP RALEIGH NC

O.K.

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE VS
NAME STRADER, THEODORE J
STREET ADDRESS 1001 WADE AVE.
CITY- ST- ZIP RALEIGH NC 27605

Delete

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE VS
NAME SILVERMAN, SCOTT D
STREET ADDRESS 1001 WADE AVE
CITY- ST- ZIP RALEIGH NC

→

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

V.P., DIRECTOR, SECRETARY

☐ Change ☐ Addition

TITLE V
NAME LUBOWINSKI, CHARLES H
STREET ADDRESS 1001 WADE AVE.
CITY- ST- ZIP RALEIGH NC 27605

Delete

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☒ Addition

TITLE AS
NAME WHEELER, ANN
STREET ADDRESS 1001 WADE AVE.
CITY- ST- ZIP RALEIGH NC 27605

Delete

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, changed, or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT D. SILVERMAN

3-29-95

919-831-8076