

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
03/25/1969

3a. Date of Last Report
04/05/1995

4. FET 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

21 2610 Wycliff Road

Suite, Apt. #, etc.

22 City & State

23 Raleigh, North Carolina

24 Zip

27607

Country

25 U.S.A.

2a. Mailing Address

26 2610 Wycliff Road

Suite, Apt. #, etc.

27 City & State

28 Raleigh, North Carolina

29 Zip

27607

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

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

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 in capital letters

Noted: Registered Agent Signature and name in which he is acting

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME KIPP, DONALD P.
STREET ADDRESS 1001 WADE AVE.
CITY - ST - ZIP RALEIGH NC

TITLE TDP ☒ DELETE

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

TITLE VPSD ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director, Vice President ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP 2610 Wycliff Road
Raleigh, North Carolina 27607

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

2.5 TITLE Director ☐ Change ☒ Addition

2.6 NAME

2.7 STREET ADDRESS

2.8 CITY - ST - ZIP

2.9 TITLE Sr.V.P., Gen. Counsel & Secy. ☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

3.5 TITLE Assistant Secretary ☐ Change ☒ Addition

3.6 NAME

3.7 STREET ADDRESS

3.8 CITY - ST - ZIP

3.9 TITLE Butler, Patricia B. ☐ Change ☒ Addition

3.10 NAME

3.11 STREET ADDRESS

3.12 CITY - ST - ZIP

3.13 TITLE 2610 Wycliff Road ☐ Change ☒ Addition

3.14 NAME

3.15 STREET ADDRESS

3.16 CITY - ST - ZIP

3.17 TITLE Raleigh, North Carolina 27607 ☐ Change ☒ Addition

3.18 NAME

3.19 STREET ADDRESS

3.20 CITY - ST - ZIP

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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE:

Patricia B. Butler PATRICIA B. BUTLER

4/23/96 919-786-8186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)