

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 822549 (2)
 1. Corporation Name
UNITED SILVER SPRING ASSOCIATES INC



Principal Place of Business 2610 WYCLIFF RD. RALEIGH NC 27607 US	Mailing Address 2610 WYCLIFF RD. RALEIGH NC 27607 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 3/25/69	
21	26	4. FEI Number 52-0819522		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	Dir., V.P., Assoc. Gen. C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIPP, DONALD P.	1.2 NAME	James W. Lillie, Jr. & Secy.
STREET ADDRESS	2610 WYCLIFF RD.	1.3 STREET ADDRESS	2610 Wycliff Road
CITY-ST-ZIP	RALEIGH NC 27607	1.4 CITY-ST-ZIP	Raleigh, NC 27607
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Dir., Sr.V.P. (Fin.) & Treas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BESTOR, ROBERT J	2.2 NAME	Martha L. Frye
STREET ADDRESS	2610 WYCLIFF RD.	2.3 STREET ADDRESS	2610 Wycliff Road
CITY-ST-ZIP	RALEIGH NC 27607	2.4 CITY-ST-ZIP	Raleigh, NC 27607
TITLE	SVCS <input type="checkbox"/> DELETE	3.1 TITLE	Sr.V.P., Gen. Counsel & <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, SCOTT D.	3.2 NAME	Asst. Secy.
STREET ADDRESS	2610 WYCLIFF RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27607	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, PATRICIA B	4.2 NAME	
STREET ADDRESS	2810 WYCLIFF RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27607	4.4 CITY-ST-ZIP	
TITLE	VFT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDOWELL, MARY H	5.2 NAME	
STREET ADDRESS	2810 WYCLIFF ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMONNISON, J P	6.2 NAME	
STREET ADDRESS	2810 WYCLIFF ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	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 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 Butler Assistant Secretary **3/5/98** **919-786-8186**

CR2E034 (10/97)