

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 822549

1. Entity Name
UNITED SILVER SPRING ASSOCIATES, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90071 038 ***150.00

Principal Place of Business
2610 Wycliff Rd
Raleigh, NC 27607
US

Mailing Address
2610 Wycliff Rd.
Raleigh, NC 27607
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number
52-0819522

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CSC The United States Corporation
1201 Hayes Street
Suite 105

7. Name and Address of New Registered Agent

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

TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	Kipp, Donald	
STREET ADDRESS	2610 Wycliff Rd.	
CITY-ST-ZIP	Raleigh, NC 27607	
TITLE	DVAG	<input checked="" type="checkbox"/> Delete
NAME	Lillie, James W Jr	
STREET ADDRESS	2610 Wycliff Rd	
CITY-ST-ZIP	Raleigh, NC 27607	
TITLE	SYDC	<input checked="" type="checkbox"/> Delete
NAME	Silverman, Scott D	
STREET ADDRESS	2610 Wycliff Rd	
CITY-ST-ZIP	Raleigh, NC 27607	
TITLE	AS	<input type="checkbox"/> Delete
NAME	Patricia B. Butler	
STREET ADDRESS	2610 Wycliff Rd	
CITY-ST-ZIP	Raleigh, NC 27607	
TITLE	DVFT	<input type="checkbox"/> Delete
NAME	Frye, Martha L	
STREET ADDRESS	2610 Wycliff Rd	
CITY-ST-ZIP	Raleigh, NC 27607	
TITLE	P	<input type="checkbox"/> Delete
NAME	Edmondson, J P	
STREET ADDRESS	2610 Wycliff Rd	
CITY-ST-ZIP	Raleigh, NC 27607	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DSV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. Peter Kusev	
STREET ADDRESS	2610 Wycliff Rd	
CITY-ST-ZIP	Raleigh, NC 27607	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carl L. Cochran	
STREET ADDRESS	2610 Wycliff Rd	
CITY-ST-ZIP	Raleigh, NC 27607	
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		
TITLE	DP	<input checked="" 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:  J. Peter Kusev, SVP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2000
Date

919/786-8198
Daytime Phone

CR2E034 (9/99)