


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

001144

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90022 006 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 824014</b>					
1. Corporation Name <b>CBR DEVELOPMENT CO., INC.</b>					
Principal Place of Business <b>203 E MAIN ST SPARTANBURG SC 29319</b>			Mailing Address <b>203 E MAIN ST P-11-1 SPARTANBURG SC 29319 US</b>		
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>01/20/1970</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>95-2551231</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <b>24</b>		Country <b>25</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Country <b>29</b>		Zip <b>30</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 PINE ISLAND ROAD PLANTATION FL 33324</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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					
TITLE	EVPS	<input type="checkbox"/> DELETE			
NAME	PARISH, RHONDA J.				
STREET ADDRESS	203 E. MAIN ST.				
CITY-ST-ZIP	SPARTANBURG SC 29319				
TITLE	VPS	<input type="checkbox"/> DELETE			
NAME	BARRETT, ROBERT M				
STREET ADDRESS	203 E. MAIN ST.				
CITY-ST-ZIP	SPARTANBURG SC				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	MARSHIOLI, NELSON				
STREET ADDRESS	3333 MICHELSON DR STE 550				
CITY-ST-ZIP	IRVINE CA 92612				
TITLE	VPT	<input checked="" type="checkbox"/> DELETE			
NAME	HUTCHISON, RONALD B.				
STREET ADDRESS	203 E MAIN ST				
CITY-ST-ZIP	SPARTANBURG SC 29319				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	NELL, ROSS B.				
STREET ADDRESS	203 E MAIN ST				
CITY-ST-ZIP	SPARTANBURG SC 29319				
TITLE	VPCF	<input checked="" type="checkbox"/> DELETE			
NAME	MCGUINNESS, MATTHEW C.				
STREET ADDRESS	3333 MICHELSON DR. STE 550				
CITY-ST-ZIP	IRVINE CA 92612				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	EVPS/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	VP/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP	29319				
3.1 TITLE	Marchioli, Nelson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	VP/T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME	Kenneth E. Jones				
4.3 STREET ADDRESS	203 E. Main St.				
4.4 CITY-ST-ZIP	SPARTANBURG, SC 29319				
5.1 TITLE	VP/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME	Jeffrey M. Rhines				
6.3 STREET ADDRESS	203 E. Main St.				
6.4 CITY-ST-ZIP	SPARTANBURG, SC 29319				

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Asst. Sec.  
Jeffrey M. Rhines 1/7/99 864/597.8000

CR2E034 (11/98)