

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90031 048 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 844409**

1. Corporation Name  
**THE LANDMARKS GROUP PROPERTIES CORPORATION**

Principal Place of Business

121 W TRADE ST  
STE 1900, ATTN: LEGAL DEPT.  
CHARLOTTE NC 28202  
US

Mailing Address

121 W. TRADE ST., SUITE 1900  
ATTN: LEGAL DEPT.  
CHARLOTTE NC 28202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1979

4. FEI Number

58-1288846

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

7. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 121 W TRADE STE 2550  
22 CHARLOTTE NC  
23 28202 USA

2a. Mailing Address

26 121 W TRADE STE 2550  
27 CHARLOTTE NC  
28 28202 USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	FAISON, HENRY J	
STREET ADDRESS	121 W. TRADE ST. SUITE 1900	
CITY-STATE-ZIP	CHARLOTTE NC 28202	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NORWOOD, PHILIP W.	
STREET ADDRESS	121 W. TRADE ST. SUITE 1900	
CITY-STATE-ZIP	CHARLOTTE NC 28202	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	WHITAKER, BILLIE R	
STREET ADDRESS	121 W. TRADE ST. SUITE 1900	
CITY-STATE-ZIP	CHARLOTTE NC 28202	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JACKSON, ALLEN S JR	
STREET ADDRESS	121 W. TRADE ST. SUITE 1900	
CITY-STATE-ZIP	CHARLOTTE NC 28202	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	SPEED, ELIZABETH M	
STREET ADDRESS	121 W. TRADE ST. SUITE 1900	
CITY-STATE-ZIP	CHARLOTTE NC 28202	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
1.2 NAME		
1.3 STREET ADDRESS	121 W TRADE STE 2550	
1.4 CITY-STATE-ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
2.2 NAME		
2.3 STREET ADDRESS	121 W TRADE STE 2550	
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
3.2 NAME		
3.3 STREET ADDRESS	121 W TRADE STE 2550	
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
4.2 NAME		
4.3 STREET ADDRESS	121 W TRADE STE 2550	
4.4 CITY-STATE-ZIP		
5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
5.2 NAME	DIANE K HUNTER	
5.3 STREET ADDRESS	121 W TRADE STE 2550	
5.4 CITY-STATE-ZIP	CHARLOTTE NC 28202	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diane K. Hunter

ASSISTANT SECRETARY

4-26-99

Date

704-972-2500

Daytime Phone #