

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000005162

1. Entity Name
MARK PROPERTIES, INC. OF NORTH CAROLINA



Principal Place of Business
**212 WEST MAIN STREET, SUITE 300
DURHAM, NC 27701**

Mailing Address
**212 WEST MAIN STREET, SUITE 300
DURHAM, NC 27701**

DO NOT WRITE IN THIS SPACE



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number
56-2221704

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$6.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.
92001 SOUTH DADELAND BOULEVARD, SUITE 508
MIAMI, FL 33156-2713**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

**U000000411887
02/10/06-80024-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
WIDMARK, ANDREW B
212 WEST MAIN STREET, SUITE 300
DURHAM, NC 27701**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVAS
ROCCESANO, RICHARD
212 WEST MAIN STREET, SUITE 300
DURHAM, NC 27701**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
WIDMARK, KATHERINE T
212 WEST MAIN STREET, SUITE 300
DURHAM, NC 27701**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WIDMARK, VIRGINIA H
212 WEST MAIN STREET, SUITE 300
DURHAM, NC 27701**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with any other like empowered.

SIGNATURE: *Katherine Markowitz* **Katherine Markowitz** 01-24-06 (973)299-0440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone V