

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006286

FILED
Apr 17, 2008
Secretary of State

Entity Name: LANDMARK PROPERTY MANAGEMENT COMPANY OF NORTH CAROLINA

Current Principal Place of Business:

406 EAST 4TH STREET
WINSTON SALEM, NC 27101

New Principal Place of Business:

406 EAST 4TH STREET
WINSTON SALEM, NC 27101 US

Current Mailing Address:

406 EAST 4TH STREET
WINSTON SALEM, NC 27101

New Mailing Address:

406 EAST 4TH STREET
WINSTON SALEM, NC 27101 US

FEI Number: 04-3677532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA FILING & SEARCH SERVICES, INC.
155 OFFICE PLAZA DRIVE
SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SARI, LISA A
Address: 406 EAST 4TH STREET
City-St-Zip: WINSTON SALEM, NC 27101

Title: D () Delete
Name: ANDERSON, DEWAYNE H SR.
Address: 406 EAST 4TH STREET
City-St-Zip: WINSTON SALEM, NC 27101

Title: VP () Delete
Name: SARI, JAMES
Address: 406 EAST 4TH STREET
City-St-Zip: WINSTON SALEM, NC 27101

Title: S () Delete
Name: SARI, FRANK JOHN IV
Address: 406 EAST 4TH STREET
City-St-Zip: WINSTON SALEM, NC 27101

Title: VP () Delete
Name: ANDERSON, DEWAYNE H JR
Address: 406 EAST 4TH STREET
City-St-Zip: WINSTON SALEM, NC 27101

Title: AS () Delete
Name: ANDERSON, SUZANE K
Address: 406 EAST 4TH STREET
City-St-Zip: WINSTON SALEM, NC 27101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES D. SARI

VP

04/17/2008

Electronic Signature of Signing Officer or Director

Date