FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 4:06

DOCUMENT # F93000002990 (0)

1. Corporation Name
ISC REALTY CORPORATION

Principal Place of Business	Mailing Address
121 WEST TRADE STREET, SUITE 1100 1500 CHARLOTTE NC 28202 US	P.O. BOX 1012 CHARLOTTE NC 28201-1012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1993
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 56-1211325 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BOONE, J. CHRISTOPHER	12 NAME	
STREET ADDRESS	121 WEST TRADE STREET, SUITE 1100	13 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28202	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, TODD P.	22 NAME	
STREET ADDRESS	121 WEST TRADE STREET, SUITE 1100	23 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28202	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	COLE, JAMES C JR.	32 NAME	
STREET ADDRESS	121 WEST TRADE STREET, SUITE 1100	33 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28202	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	MCGUIRE, ROBERT B	42 NAME	
STREET ADDRESS	121 WEST TRADE STREET, SUITE 1100	43 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28202	44 CITY-ST-ZIP	
TITLE	CON	51 TITLE	☒ Change ☐ Addition
NAME	FITCHARD, KAREN	52 NAME	KAREN F. LaPIANA
STREET ADDRESS	121 WEST TRADE STREET, SUITE 1100	53 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28202	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	HEARN, MICHAEL D	62 NAME	
STREET ADDRESS	121 WEST TRADE STREET, SUITE 1100	63 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28202	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 attached sheet, with an address.

SIGNATURE: Karen F. LaPiana Karen F. LaPiana Controller 1/12/95 (201)379-9242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000032 FP