

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

FILED

Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000000398 (7)

1. Corporation Name
LEMC, INC.

Principal Place of Business
220 OUTLET POINTE BLVD.
COLUMBIA SC 29210

Mailing Address
220 OUTLET POINTE BLVD.
C/O PAM KEEPE
COLUMBIA SC 29210
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1301 Gervais Street Suite, Apt. #, etc. 22 Suite 300 City & State 23 Columbia, SC Zip 24 29201		2a. Mailing Address 26 C/O Anita K. D'Amato Suite, Apt. #, etc. 27 1301 Gervais Street, Suite 300 City & State 28 Columbia, SC Zip 29 29201		3. Date Incorporated or Qualified 01/26/1994	
25 USA		30 USA		4. FEI Number 57-0987727	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T COPORATION 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			
				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

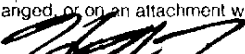
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KENNETH W. WINGER		1.2 NAME	1301 Gervais Street, Suite 300			
STREET ADDRESS	220 OUTLET POINT BLVD		1.3 STREET ADDRESS	Columbia, SC 29201			
CITY-ST-ZIP	COLUMBIA SC		1.4 CITY-ST-ZIP				
TITLE	SRVP	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SPRINKLE, DAVID M		2.2 NAME	1301 Gervais Street, Suite 300			
STREET ADDRESS	220 OUTLET POINTE BLVD		2.3 STREET ADDRESS	Columbia, SC 29201			
CITY-ST-ZIP	COLUMBIA SC		2.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TAYLOR, HENRY H		3.2 NAME	1301 Gervais Street, Suite 300			
STREET ADDRESS	220 OUTLET POINTE BLVD		3.3 STREET ADDRESS	Columbia, SC 29201			
CITY-ST-ZIP	COLUMBIA SC		3.4 CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HAMILTON, BARBARA J		4.2 NAME	1301 Gervais Street, Suite 300			
STREET ADDRESS	220 OUTLET POINTE BLVD		4.3 STREET ADDRESS	Columbia, SC 29201			
CITY-ST-ZIP	COLUMBIA SC		4.4 CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WHITTAKER, SUSAN A		5.2 NAME	1301 Gervais Street, Suite 300			
STREET ADDRESS	220 OUTLET POINTE BLVD		5.3 STREET ADDRESS	Columbia, SC 29201			
CITY-ST-ZIP	COLUMBIA SC		5.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PAUL R. HUMPHREYS		6.2 NAME	1301 Gervais Street, Suite 300			
STREET ADDRESS	220 OUTLET POINT BLVD		6.3 STREET ADDRESS	Columbia, SC 29201			
CITY-ST-ZIP	COLUMBIA SC		6.4 CITY-ST-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.

SIGNATURE



2.490 22 922 2279

CR2E034 (10/97)