## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Jan 23, 2001 8:00 am Secretary of State DOCUMENT # F9400005292 LEXINGTON MARK PROPERTIES CORP. 01-23-2001 90093 007 \*\*\*150.00 Principal Place of Business Mailing Address 212 W MAIN STREET 26 PARK PLACE WEST **STE 300** 2ND FLOOR DAAAAAAAA DURHAM NC 27701 MORRISTOWN NJ 07960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 56-1611429 Not Applicable Ziρ Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6.-Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent-UNITED CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI FL 33156-0000 Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD ☐ Delete ☐ Addition TITLE ☐ Change WIDMARK, ANDREW B NAME STREET ADDRESS 809 HERMITAGE COURT DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DURHAM NC TITLE ☐ Delete TITLE Change Addition WIDMARK, VIRGINIA H NAME NAME STREET ADDRESS 809 HERMITAGE COURT DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DURHAM NC ☐ Delete TITLE \_\_\_.Addition\_\_ ROCCESANO, RICHARD NAME NAME STREET ADDRESS 212 W MAIN STREET STREET ADDRESS CITY-ST-ZIP DURHAM NC 27701 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition WIDMARK, KATHERINE T NAME NAME STREET ADDRESS 26 PARK PLACE WEST STREET ADDRESS CITY-ST-ZIP MORRISTOWN NJ 07960 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

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