

DOCUMENT # **F95000000520**

1. Entity Name **AMENDED UNIFORM BUSINESS REPORT**

LS3P-Associates Ltd. Corporation

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FILED

① x 3

Principal Place of Business Mailing Address
24 North Market Street
Suite 300
Charleston, South Carolina 29401

00 DEC 14 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business Same
3. Mailing Address Same
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number 57-0475651 Applied For Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
CT CORPORATION
1200 South Pine Island Road
Plantation, Florida 33324
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 **200003505692--6**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when retaining)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN OF BOARD <input type="checkbox"/> Delete FRANK E. LUCAS, FAIA 24 North Market St., Suite 300 Charleston, S. C. 29401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES.; DIR. OF CONST. ADM. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROGER M. ATTANASIO, AIA 24 North Market St., Suite 300 Charleston, S. C. 29401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/CEO <input type="checkbox"/> Delete THOMPSON E. PENNEY, FAIA 24 North Market St., Suite 300 Charleston, S. C. 29401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES.; DIR. OF PANTECTIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RICHARD D. BARTLETT, AIA 112 South Tryon St., Suite 200 Charlotte, N. C. 28284
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE VICE PRESIDENT <input checked="" type="checkbox"/> Delete VITO R. PASCULLIS, AIA 24 North Market St., Suite 300 Charleston, S. C. 29401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES.; DIR. FEDERAL PROG. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CHARLES S. COX, P.E. 24 North Market St., Suite 300 Charleston, S. C. 29401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR VICE PRESIDENT <input type="checkbox"/> Delete RICHARD L. POWELL, AIA 24 North Market St., Suite 300 Charleston, S. C. 29401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES.; DIR. CIVIC GROUP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DAVID A. CREECH, AIA 112 South Tryon St., Suite 200 Charlotte, N. C. 28284
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/DIR. OF OP. <input type="checkbox"/> Delete ERIC C. AICHELE, AIA 24 North Market St., Suite 300 Charleston, S. C. 29401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES.; DIR. HEALTH/TECHN. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BYRON M. EDWARDS, III, AIA 24 North Market St., Suite 300 Charleston, S. C. 29401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE V.P.; SECRETARY <input type="checkbox"/> Delete SUSAN C. BAKER, AIA 24 North Market St., Suite 300 Charleston, S. C. 29401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JEFFREY C. FLOYD, AIA 112 S. Tryon St., Suite 200 Charlotte, N. C. 28284

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowers.

SIGNATURE: 
PRESIDENT

12/11/00

SP
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CRZE034 (9/99)

DOCUMENT #

1. Entity Name
LS3P ASSOCIATES LTD.

2083

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Principal Place of Business		Mailing Address			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State			
Zip	Country	Zip	Country		
				4. FFI Number	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		

8. The above names entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when remaining)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CHAIRMAN; DIR. COMM. PROJ. <input type="checkbox"/> Delete MICHAEL TRIBBLE, FAIA 112 S. Tryon Street, Suite 200 Charlotte, N. C. 28284	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition THOMAS J. HUND, AIA 24 North Market Street, Suite 300 Charleston, S. C. 29401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE VICE PRES./COO <input type="checkbox"/> Delete THOMAS D. BYRUM, AIA 112 S. Tryon Street, Suite 200 Charlotte, N. C. 28284	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CHRISTOPHER G. IONS, AIA 112 S. Tryon Street, Suite 200 Charlotte, N. C. 28284
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SAMUEL S. LOGAN, III, AIA 24 North Market Street, Suite 300 Charleston, S. C. 29401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARGARET L. LOWDER, ASID 112 S. Tryon Street, Suite 200 Charlotte, N. C. 28284
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/DIR. MARKETING <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHN L. MACK 24 North Market Street, Suite 300 Charleston, S. C. 29401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES.; DIR. LAND PLANNING <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition W. WARREN PRUITT, JR. ASIA 24 North Market Street, Suite 300 Charleston, S. C. 29401

13. 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 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.

SIGNATURE: _____

CRZE034 (9/99)

DOCUMENT #

1. Entity Name

LS3P ASSOCIATES LTD.

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3 of 3

Principal Place of Business

Mailing Address

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

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when retaining)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JAMES M. WILLIAMS, JR., AIA 112 S. Tryon St., Suite 200 Charlotte, N. C. 28284 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT; DIR. INT. ARCH. CAMERON L. WILSON, IIDA, ASSOCIATE AIA 24 North Market Street, Suite 300 Charleston, S. C. 29401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 this 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.

SIGNATURE:

CRFE034 (9/89)