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Secretary of State
04-29-1999 90209 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000005638**

1. Corporation Name
NET LEASE REALTY I, INC.

Principal Place of Business	Mailing Address
400 E S ST #500 ORLANDO FL 32801	400 E S ST #500 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 11/17/1995

4. FEI Number: 59-3325662 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

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	DCEO	☐ DELETE	1.1 TITLE	D/C/CEO	☒ Change ☐ Addition
NAME	SENEFF, JAMES M J		1.2 NAME	Seneff, Jr., James M.	
STREET ADDRESS	400 EAST SOUTH STREET SUITE 500		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	PCOO	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RALSTON, GARY M		2.2 NAME		
STREET ADDRESS	400 EAST SOUTH STREET SUITE 500		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		2.4 CITY-ST-ZIP		
TITLE	EVPS	☐ DELETE	3.1 TITLE	EVP/S/T/CFO	☒ Change ☐ Addition
NAME	HABICHT, KEVIN		3.2 NAME		
STREET ADDRESS	400 EAST SOUTH STREET SUITE 500		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HINKLE, CLIFFORD R.		4.2 NAME		
STREET ADDRESS	400 E SOUTH STREET, STE 500		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COX, WILLOUGBY T.		5.2 NAME		
STREET ADDRESS	400 E. SOUTH ST., STE 500		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	Lanier, Ted B.	
STREET ADDRESS			6.3 STREET ADDRESS	400 E.South Street #500	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Orlando, FL 32801	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: L SIGNATURE REQUIRED — April 14, 1999 — 407-650-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #