

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000006004 (4)**  
1. Corporation Name  
**THE V FOUNDATION, INC.**



Principal Place of Business <b>1201 WALNUT STREET 2ND FLOOR CARY NC 27511</b>	Mailing Address <b>1201 WALNUT STREET 2ND FLOOR CARY NC 27511</b>
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3. Date Incorporated or Qualified <b>12/11/1995</b>	
4. FEI Number <b>13-3705951</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>ED</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>INMAN, KEITH</b>	1.2 NAME	<b>BEN KIRTLAND</b>
STREET ADDRESS	<b>1201 WALNUT STREET</b>	1.3 STREET ADDRESS	<b>1201 WALNUT SE</b>
CITY-ST-ZIP	<b>CARY NC 27511</b>	1.4 CITY-ST-ZIP	<b>CARY, NC 27511</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LLOYD, ROBERT E</b>	2.2 NAME	
STREET ADDRESS	<b>88 ROWLAND WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NOVATO CA 94945</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BORNSTEIN, STEVEN M</b>	3.2 NAME	
STREET ADDRESS	<b>605 THIRD AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10158</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DURSO, EDWIN M</b>	4.2 NAME	
STREET ADDRESS	<b>605 THIRD AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10158</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RHOADS, HARRY JR</b>	5.2 NAME	<b>SC 4/24</b>
STREET ADDRESS	<b>1663 PRINCE ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALEXANDRIA VA 22314</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>500002499315</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAST, ROBERT C JR</b>	6.2 NAME	<b>-04/24/98--01037--011</b>
STREET ADDRESS	<b>1515 HOLCOMBE BLVD, BOX 92</b>	6.3 STREET ADDRESS	<b>***61.25</b>
CITY-ST-ZIP	<b>HOUSTON TX 77030</b>	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (10/97)