


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90033 025 \*\*\*150.00

DOCUMENT # F96000006211 1. Entity Name HIGHWOODS REALTY GP CORP.	
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Principal Place of Business 3100 SMOKETREE CT, STE 600 RALEIGH, NC 27604	Mailing Address 3100 SMOKETREE CT, STE 600 RALEIGH, NC 27604
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34037026



03082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 56-1993387	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	<i>PCD CEO/Director</i>
NAME	GIBSON, RONALD P
STREET ADDRESS	3100 SMOKETREE CT, STE 600
CITY-ST-ZIP	RALEIGH, NC 27604
TITLE	<i>President/Secretary</i>
NAME	FRITSCH, EDWARD J
STREET ADDRESS	3100 SMOKETREE CT, STE 600
CITY-ST-ZIP	RALEIGH, NC 27604
TITLE	<i>Vice President</i>
NAME	LIUZZO, CARMAN J
STREET ADDRESS	3100 SMOKETREE CT, STE 600
CITY-ST-ZIP	RALEIGH, NC 27604
TITLE	<i>Treasurer/CFO/VP</i>
NAME	<i>Terry L. Stevens</i>
STREET ADDRESS	<i>3100 Smoketree Ct. Ste 600</i>
CITY-ST-ZIP	<i>Raleigh NC 27604</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *3-16-04*  
Daytime Phone #