

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90526 017 ***150.00

DOCUMENT # F97000001649

1. Entity Name
LODESTAR REALTY, INC.



Principal Place of Business
**100 REGENCY FOREST DR
CARY, NC 27511**

Mailing Address
**100 REGENCY FOREST DRIVE
#400
CARY, NC 27511**

54041084



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0741162

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

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

(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	D
NAME	BILTZ, TIMOTHY
STREET ADDRESS	100 REGENCY FOREST DRIVE #400
CITY - ST - ZIP	CARY, NC 27511
TITLE	P
NAME	CAREY, DALE A
STREET ADDRESS	100 REGENCY FOREST DRIVE
CITY - ST - ZIP	CARY, NC 27511
TITLE	VP
NAME	GONZALEZ, GABRIELA
STREET ADDRESS	100 REGENCY FOREST DRIVE
CITY - ST - ZIP	CARY, NC 27511
TITLE	AT
NAME	FELMAN, JAMES S
STREET ADDRESS	100 REGENCY FOREST DRIVE
CITY - ST - ZIP	CARY, NC 27511
TITLE	S
NAME	LYNCH, JOHN H
STREET ADDRESS	100 REGENCY FOREST DRIVE
CITY - ST - ZIP	CARY, NC 27511
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: James S. Felman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James S. Felman 4-21-04

919-468-0112