

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90154 033 ***300.00

DOCUMENT # F98000005288

1. Corporation Name

WINSTON MANAGER CORPORATION



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1998

4. FEI Number

APPLIED FOR

Applied For
Not Applicable

5. Certificate 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

RIVERFRONT PLAZA, EAST TOWER
951 EAST BYRD STREET
RICHMOND VA 23219

Mailing Address

RIVERFRONT PLAZA, EAST TOWER
951 EAST BYRD STREET
RICHMOND VA 23219

21 Winston Manager Corp.
Suite, Apt. #, etc.

2a. Mailing Address

26 Winston Manager Corp.
Suite, Apt. #, etc.

22 2209 Century Dr., Ste 300
City & State

27 2209 Century Dr., Ste 300
City & State

23 Raleigh NC
Zip Country

28 Raleigh NC
Zip Country

24 27612 25 USA

29 27612 30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME WINSTON, ROBERT W III
STREET ADDRESS 2209 CENTURY DRIVE SUITE 300
CITY-ST-ZIP RALEIGH NC 27612

TITLE DV ☐ DELETE
NAME GREEN, JOSEPH V
STREET ADDRESS 2209 CENTURY DRIVE SUITE 300
CITY-ST-ZIP RALEIGH NC 27612

TITLE CFOD ☐ DELETE
NAME ROSENBERG, JAMES D
STREET ADDRESS 2209 CENTURY DRIVE SUITE 300
CITY-ST-ZIP RALEIGH NC 27612

TITLE VAS ☐ DELETE
NAME HINDIN, MARY ELLEN
STREET ADDRESS 1900 K STREET NW SUITE 1200
CITY-ST-ZIP WASHINGTON DC 20006

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE V/S ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE V/T ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-99
Date

919-510-6010
Daytime Phone #

CR2E034 (11/98)