

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

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

04-14-1999 90154 033 \*\*\*300.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F98000005288**

1. Corporation Name  
**WINSTON MANAGER CORPORATION**



DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified  
**09/21/1998**

2. Principal Place of Business 21 <b>Winston Manager Corp.</b> Suite, Apt. #, etc. 22 <b>2209 Century Dr., Ste 300</b> City & State 23 <b>Raleigh NC</b> Zip Country 24 <b>27612</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>Winston Manager Corp.</b> Suite, Apt. #, etc. 27 <b>2209 Century Dr., Ste 300</b> City & State 28 <b>Raleigh NC</b> Zip Country 29 <b>27612</b> 30 <b>USA</b>
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4. FEI Number <b>APPLIED FOR</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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	<b>FL</b>
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

TITLE	PD <input type="checkbox"/> DELETE
NAME	WINSTON, ROBERT W III
STREET ADDRESS	2209 CENTURY DRIVE SUITE 300
CITY-ST-ZIP	RALEIGH NC 27612
TITLE	DV <input type="checkbox"/> DELETE
NAME	GREEN, JOSEPH V
STREET ADDRESS	2209 CENTURY DRIVE SUITE 300
CITY-ST-ZIP	RALEIGH NC 27612
TITLE	CFOD <input type="checkbox"/> DELETE
NAME	ROSENBERG, JAMES D
STREET ADDRESS	2209 CENTURY DRIVE SUITE 300
CITY-ST-ZIP	RALEIGH NC 27612
TITLE	VAS <input type="checkbox"/> DELETE
NAME	HINDIN, MARY ELLEN
STREET ADDRESS	1900 K STREET NW SUITE 1200
CITY-ST-ZIP	WASHINGTON DC 20006
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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* **REQUIRED** 3-16-99 919-510-6010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)