

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001622

1. Entity Name

TOWER ASSET SUB, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90037 040 ***150.00

Principal Place of Business

Mailing Address

8000 REGENCY PKWY., STE. 570
CARY NC 27511

8000 REGENCY PKWY., STE. 570
CARY NC 27511-8589

2. Principal Place of Business

3. Mailing Address

100 Regency Forest Suite 400
Suite, Apt. #, etc.

(same)

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

54-1908850

Applied For

Not Applicable

Zip

Country

Zip

Country

27511

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS ST., STE. 2
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME DAS
STREET ADDRESS HICKEY, THOMAS D
CITY-ST-ZIP 1505 FARM CREDIT DR.
MCLEAN VA 22102

TITLE ☒ Delete
NAME DP
STREET ADDRESS SIDMAN, THOMAS J
CITY-ST-ZIP 1505 FARM CREDIT DR.
MCLEAN VA 22102

TITLE ☒ Delete
NAME DV
STREET ADDRESS BEGEMAN, GARY D
CITY-ST-ZIP 1505 FARM CREDIT DR.
MCLEAN VA 22102

TITLE ☒ Delete
NAME VCFO
STREET ADDRESS SCHINDLER, STEVE M
CITY-ST-ZIP 1505 FARM CREDIT DR.
MCLEAN VA 22102

TITLE ☒ Delete
NAME V
STREET ADDRESS CAMPBELL, DEANNE
CITY-ST-ZIP 1505 FARM CREDIT DR.
MCLEAN VA 22102

TITLE ☒ Delete
NAME V
STREET ADDRESS ARENDT, WILLIAM G
CITY-ST-ZIP 1505 FARM CREDIT DR.
MCLEAN VA 22102

TITLE ☐ Change ☒ Addition
NAME P
STREET ADDRESS Stephen Clark
CITY-ST-ZIP 100 Regency Forest Suite 400
Cary, NC 27511

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Stephen Clark
CITY-ST-ZIP 100 Regency Forest Suite 400
Cary, NC 27511

TITLE ☐ Change ☒ Addition
NAME V
STREET ADDRESS Daniel Hunt
CITY-ST-ZIP 100 Regency Forest Suite 400
Cary, NC 27511

TITLE ☐ Change ☒ Addition
NAME S
STREET ADDRESS David Truick
CITY-ST-ZIP 100 Regency Forest Suite 400
Cary, NC 27511

TITLE ☐ Change ☒ Addition
NAME T
STREET ADDRESS Steven Lilly
CITY-ST-ZIP 100 Regency Forest Suite 400
Cary, NC 27511

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daniel Hunt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00
Date

919465-6770
Daytime Phone #

CR2E034 (9/99)