

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90064 038 ***150.00

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1. Entity Name
TOWER ASSET SUB, INC.



Principal Place of Business

**100 REGENCY FOREST
STE 400
CARY, NC 27511**

Mailing Address

**100 REGENCY FOREST DR
STE 100
CARY, NC 27511**

DO NOT WRITE IN THIS SPACE



03212005 No Chg-P CR2E034 (10/03)

4. FEI Number
54-1908850

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 RD.
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CLARK, STEPHEN
100 REGENCY FOREST DR.
CARY, NC 27511**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CAREY, DALE A
100 REGENCY FOREST DR.
CARY, NC 27511**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
GONZALEZ, GABRIELA
100 REGENCY FOREST DR.
CARY, NC 27511**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S3
LYNCH, JOHN H
100 REGENCY FOREST DR.
CARY, NC 27511**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
FELMAN, JAMES S
100 REGENCY FOREST DR.
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)(l), 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

3/24/05
Date

919-468-0112
Daytime Phone #