

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91311 018 \*\*\*150.00

**DOCUMENT # F99000001622**

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **54-1908850**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

## 7. Name and Address of New Registered Agent

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. 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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	CEOP	<input type="checkbox"/> Delete
NAME	CLARK, STEPHEN	
STREET ADDRESS	100 REGENCY FOREST -STE 400	
CITY-ST-ZIP	CARY NC 27511	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HUNT, DANIEL	
STREET ADDRESS	100 REGENCY FOREST -STE 400	
CITY-ST-ZIP	CARY NC 27511	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TORNICK, DAVID P	
STREET ADDRESS	100 REGENCY FOREST -STE 400	
CITY-ST-ZIP	CARY NC 27511	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HARGROVE, DAVID	
STREET ADDRESS	100 REGENCY FOREST -STE 400	
CITY-ST-ZIP	CARY NC 27511	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	BYRNE, RICHARD J	
STREET ADDRESS	100 REGENCY FOREST DRIVE	
CITY-ST-ZIP	CARY NC 27511	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	ARMANT, TERRY	
STREET ADDRESS	100 REGENCY FOREST DRIVE	
CITY-ST-ZIP	CARY NC 27511	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen H. Clark	
STREET ADDRESS	100 Regency Forest DR	
CITY-ST-ZIP	Cary, NC 27511	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dale A. Carey	
STREET ADDRESS	100 Regency Forest DR	
CITY-ST-ZIP	Cary, NC 27511	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gabriela Gonzalez	
STREET ADDRESS	100 Regency Forest DR	
CITY-ST-ZIP	Cary, NC 27511	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John H. Lynch	
STREET ADDRESS	100 Regency Forest DR	
CITY-ST-ZIP	Cary, NC 27511	
TITLE	A TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James S. Felman	
STREET ADDRESS	100 Regency Forest DR	
CITY-ST-ZIP	Cary, NC 27511	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

4-17-03

919-468-0112

CR2E034 (10/02)