


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 A
Secretary of State

DOCUMENT # F99000006252 1. Entity Name HIGHWOODS SERVICES, INC.	
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Principal Place of Business 3100 SMOKETREE COURT, SUITE 600 RALEIGH, NC 27604	Mailing Address 3100 SMOKETREE COURT, SUITE 600 RALEIGH, NC 27604
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02072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-1871660	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FRITSCH, EDWARD J 3100 SMOKETREE COURT, SUITE 600 RALEIGH, NC 27604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO HARRIS, MICHAEL E 3100 SMOKETREE COURT, SUITE 600 RALEIGH, NC 27604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS PRIDGEN, MACK D III 3100 SMOKETREE COURT, SUITE 600 RALEIGH, NC 27604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRADY, BARRETT 3100 SMOKETREE COURT, SUITE 600 RALEIGH, NC 27604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT STEVENS, TERRY L 3100 SMOKETREE CT, STE 600 RALEIGH, NC 27604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000646125 03/06/07-80019-004 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Mack D. Pridgen, III, VP** 2-12-07 919.872.4924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone