2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 AM
Secretary of State

DOCUMENT# K76822

Entity Name: PEC FORT DRUM, INC.

Current Principal Place of Business:

% PAULINE M. FRY, SUITE 1500
ONE PROGRESS PLAZA P.O. BOX 33042
ST. PETERSBURG, FL 33701

New Principal Place of Business:

100 CENTRAL AVE
ST. PETERSBURG, FL 33701

Current Mailing Address:

P.O. BOX 1551
PEB 17B5
RALEIGH, NC 27602

New Mailing Address:

FEI Number: 59-2949116 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODWIN, SUZANNE C
100 CENTRAL AVENUE
ST. PETERSBURG, FL 337013324 US

Name and Address of New Registered Agent:

FORD, ANN M
100 CENTRAL AVENUE
ST. PETERSBURG, FL 337013324 US

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: ANN M FORD 04/29/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KILGORE, TOM D
Address: P.O. BOX 1551, 410 S. WILMINGTON ST.
City-St-Zip: RALEIGH, NC 27602

Title: CSVD ( ) Delete
Name: SCHILLER, FRANK A
Address: P.O. BOX 1551, 410 S. WILMINGTON ST.
City-St-Zip: RALEIGH, NC 27602

Title: VPTD ( ) Delete
Name: SULLIVAN, THOMAS R
Address: P.O. BOX 1551, 410 S. WILMINGTON ST.
City-St-Zip: RALEIGH, NC 27602

Title: AS ( ) Delete
Name: SULLIVAN, THOMAS R
Address: P.O. BOX 1551, 410 S. WILMINGTON ST.
City-St-Zip: RALEIGH, NC 27602

Title: AS ( ) Delete
Name: WILLIAMS, ROBERT M
Address: P.O. BOX 1551, 410 S. WILMINGTON ST.
City-St-Zip: RALEIGH, NC 27602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HABERMEYER, JR., H W
Address: P.O. BOX 1551, 410 S. WILMINGTON ST.
City-St-Zip: RALEIGH, NC 27602

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M WILLIAMS AS 04/29/2002
Electronic Signature of Signing Officer or Director Date