2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09857

FILED Apr 28, 2005 Secretary of State

Entity Name: THE NORTHEAST FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF INDUSTRIAL AND

OFFICE PARKS, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 10681

JACKSONVILLE, FL 322470681 US

Current Mailing Address: New Mailing Address:

PO BOX 10681

JACKSONVILLE, FL 322470681 US

FEI Number: 59-2551921 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

UDELL, ROBERT E 520 MORNINGSIDE DR

PONTE VEDRA BEACH, FL 32082 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:

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Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PE() DeleteTitle:P(X) Change () AdditionName:THORNTON, PATRICKName:THORNTON, PATRICKAddress:8917 WESTERN WAY, SUITE 6Address:8917 WESTERN WAY, SUITE 6City-St-Zip:JACKSONVILLE, FL 32257City-St-Zip:JACKSONVILLE, FL 32257

Title: VP () Delete Title: PE (X) Change () Addition

Name: AUCHTER, DAVE Name: AUCHTER, DAVE

Address: 4804 KERNAN BOULEVARD SOTH
City-St-Zip: JACKSONVILLE, FL 32225

Address: 4804 KERNAN BOULEVARD SOTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP (X) Delete Title: () Change () Addition

 Name:
 WASHINGTON, ED
 Name:

 Address:
 4190 BELFORT ROAD
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32216
 City-St-Zip:

 Name:
 UDELL, ROBERT
 Name:

 Address:
 520 MORNINGSIDE DR
 Address:

 City-St-Zip:
 PONTE VEDRA BEACH, FL 32082
 City-St-Zip:

 $\begin{tabular}{lll} Title: & VP & (X) Delete & Title: & () Change () Addition \\ \end{tabular}$

 Name:
 NARUSAS, VICTOR
 Name:

 Address:
 ONE INDEPENDENT DR., STE #2401
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32202
 City-St-Zip:

Title: P (X) Delete Title: () Change () Addition

 Name:
 KING, FITCH T III
 Name:

 Address:
 6950 PHILLIPS HWY., STE #15
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32216
 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT E. UDELL T 04/28/2005