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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N22578** (1)

1. Corporation Name

100 SIR FRANCIS DRAKE BOULEVARD, INC.



Principal Place of Business	Mailing Address
1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE FL 32308 US	1801 HERMITAGE BLVD SUITE 600 TALLAHASSEE FL 32308 US

3. Date Incorporated or Qualified 09/18/1987	
4. FEI Number 59-2848941	Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	

10. Name and Address of New Registered Agent	
81 Name	David E. Todd
82 Street Address (P.O. Box Number is Not Acceptable)	1801 Hermitage Blvd.
83 Suite	Suite 100
84 City	Tallahassee
85 Zip Code	FL 32308

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **David E. Todd** *David E. Todd* **2/19/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MILLER, TODD A
STREET ADDRESS	1801 HERMITAGE BLVD, SUITE 100
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HORTON, JAMES W
STREET ADDRESS	1801 HERMITAGE BLVD, SUITE 100
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BENNETT, DOUGLAS W.
STREET ADDRESS	1801 HERMITAGE BLVD, SUITE 100
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	VAS <input type="checkbox"/> DELETE
NAME	THOMAS M. BURDI
STREET ADDRESS	180 N. LASALLE STREET
CITY-ST-ZIP	CHICAGO IL
TITLE	VS <input type="checkbox"/> DELETE
NAME	NOELL, JOHN W.
STREET ADDRESS	180 N LASALLE STREET
CITY-ST-ZIP	CHICAGO IL
TITLE	P <input type="checkbox"/> DELETE
NAME	HOWARD J. EDELMAN
STREET ADDRESS	180 N. LASALLE STREET
CITY-ST-ZIP	CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jeffrey L. Smith
1.3 STREET ADDRESS	1801 Hermitage Blvd., Suite 100
1.4 CITY-ST-ZIP	Tallahassee, FL 32308
2.1 TITLE	VTAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Roger E. Smith
2.3 STREET ADDRESS	180 N. LaSalle Street
2.4 CITY-ST-ZIP	Chicago, IL 60601
3.1 TITLE	VAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Luanne K. Good
3.3 STREET ADDRESS	1801 Hermitage Blvd., Suite 100
3.4 CITY-ST-ZIP	Tallahassee, FL 32308
4.1 TITLE	DVAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	James W. Horton
4.3 STREET ADDRESS	1801 Hermitage Blvd., Suite 100
4.4 CITY-ST-ZIP	Tallahassee, FL 32308
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Douglas W. Bennett, Director** *Douglas W. Bennett* **2/20/98** **850-488-4406**

CR2E037 (10/97)