FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 16 AM 11:01

DOCUMENT # P00117 (2)

1. Corporation Name
HAGERSMITH DESIGN, PA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
300 S. DAWSON ST. P.O. BOX 1308 RALEIGH NC 27601	300 S. DAWSON ST. P.O. BOX 1308 RALEIGH NC 27601

3. Date Incorporated or Qualified: 12/05/1983
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 56-1217765 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SIMPSON, JOHN R., JR.
201 E. PINE ST.
SUITE 520
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PM	1.1 TITLE	☐ Change ☐ Addition
NAME	HAGER, MICHAEL	1.2 NAME	
STREET ADDRESS	1705 NOTTINGHAM RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	1.4 CITY-ST-ZIP	
TITLE	VPDS	2.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, JAMES W.M.	2.2 NAME	
STREET ADDRESS	3015 WAKE FOREST RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	IDOL, SCOTT T.	3.2 NAME	
STREET ADDRESS	3210 MERRIMAN AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	TOBIN, RICHARD J.	4.2 NAME	
STREET ADDRESS	108 MOCKINGBIRD LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	CARY NC	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	THIEM, JAMES E.	5.2 NAME	
STREET ADDRESS	634 N. BLOUNT ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	V/P/D ☐ Change ☒ Addition
NAME		6.2 NAME	Scroggin, Sharron A.
STREET ADDRESS		6.3 STREET ADDRESS	7620 Reams Court
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Apex, NC 27502

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara Michael Hager 3.10.95 919-821-5547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0477654 FP