FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P00117 (2)

1. Corporation Name

HAGERSMITH DESIGN, PA

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 12/05/1983

3a. Date of Last Report: 03/16/1995

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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PM	☐ DELETE	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	☐ DELETE	2.1 TITLE	VDS	☑ 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	☐ DELETE	3.1 TITLE	VCD	☑ 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	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TOBIN, RICHARD J.		4.2 NAME		
STREET ADDRESS	106 MOCKINGBIRD LN		4.3 STREET ADDRESS		
CITY-ST-ZIP	CARY NC		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	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	VCD	☐ DELETE	6.1 TITLE	VD	☑ Change ☐ Addition
NAME	SCROGGIN, SHARRON C		6.2 NAME		
STREET ADDRESS	7620 REAMS COURT		6.3 STREET ADDRESS		
CITY-ST-ZIP	APEX NC		6.4 CITY-ST-ZIP		

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)(k), 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: [signature] TREASURER Richard J. Tobin Jr. 1/16/96 919-821-5547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)