

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90002 040 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00117

1. Corporation Name  
HAGERSMITH DESIGN, PA

Principal Place of Business

300 S. DAWSON ST.  
P.O. BOX 1308  
RALEIGH NC 27601

Mailing Address

300 S. DAWSON ST.  
P.O. BOX 1308  
RALEIGH NC 27601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1983

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

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	PM	<input type="checkbox"/> DELETE
NAME	HAGER, MICHAEL	
STREET ADDRESS	1705 NOTTINGHAM RD.	
CITY-ST-ZIP	RALEIGH NC	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	SMITH, JAMES W.M.	
STREET ADDRESS	3015 WAKE FOREST RD.	
CITY-ST-ZIP	RALEIGH NC	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	IDOL, SCOTT T.	
STREET ADDRESS	2444 EAST LAKE DR	
CITY-ST-ZIP	RALEIGH NC 27609	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TOBIN, RICHARD J.	
STREET ADDRESS	106 MOCKINGBIRD LN	
CITY-ST-ZIP	CARY NC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	THIEM, JAMES E.	
STREET ADDRESS	634 N. BLOUNT ST.	
CITY-ST-ZIP	RALEIGH NC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCROGGIN, SHARRON C	
STREET ADDRESS	7620 REAMS COURT	
CITY-ST-ZIP	APEX NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VDC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VDS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VDT <input checked="" 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*[Signature]*

April 13, 1999 9:19:00 550

CR2E034 (11/98)