2006 FOR PROFIT CORPORATION

FILED Apr 07, 2006 8:00 am Secretary of State

ANNUAL REPORT	_
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04-07-2006 90020 010 ***150.00 DOCUMENT # P04000074314 ZP NO. 152 MEMBER, INC. 40045717 Principal Place of Business Mailing Address 111 PRINCESS ST P.O. BOX 2628 WILMINGTON, NC 28402 WILMINGTON, NC 28401 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 71-0967049 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND RD . PLANTATION, FL 33324 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PΠ TITLE ☐ Delete TITLE ☐ Addition ZIMMER, JEFFREY L NAME NAME STREET ADDRESS P.O.BOX 2628 STREET ADDRESS WILMINGTON, NC 28402 CITY-ST-7IP CITY-ST-7IP ☐ Addition VTD TITLE ☐ Delete TITLE ☐ Change NAME ZIMMER, ALAN M NAME STREET ADDRESS P.O.BOX 2628 STREET ADDRESS CITY-ST-ZIP WILMINGTON, NC 28402 CITY-ST-ZIP SD Delete ☐ Addition TITLE TITLE ☐ Change ZIMMER, HERBERT J NAME NAME P.O.BOX 2628 STREET ADDRESS STREET ADDRESS WILMINGTON, NC 28402 CITY-ST-ZIP CITY-ST-ZIP TD Delete TITLE ☐ Change ■ Addition TITLE ZIMMER, HERBERT J NAME NAME STREET ADDRESS STREET ADDRESS P.O.BOX 2628 CITY-ST-ZIP WILMINGTON, NC 28402 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE MOSKOWITZ, CAROLYN F NAME NAME 2107 ASCOTT PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WILMINGTON, NC 28403 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with any eddress, with all other like empowered. 910/763-4669 SIGNATURE: _ ME OF SIGNING OFFICER OR DIRECTOR

President