2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 18, 2008 8:00 am DOCUMENT # P05000034404 **Secretary of State** 02-18-2008 90020 032 ***150.00 CORNERSTONE BANCORP, INC. Mailing Address Principal Place of Business 6300 4TH STREET N P.O. BOX 55699 ST PETERSBURG, FL 33732 ST PETERSBURG, FL 33702 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02112008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 52-2453761 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILLIAMSON, DIAMOND & CATON Street Address (P.O. Box Number is Not Acceptable) 9075 SEMINOLE BLVD SEMINOLE, FL 33772 Zip Code City 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 NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change X Addition **PCED** Delete TITLE TIT1 F CARR, ROBERT L NAME Williamson, Douglas M. NAME STREET ADDRESS 6300 4TH STREET NORTH STREET ADDRESS 6300 4th Street North CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG, FL 33702 St. Petersburg, FL 33702 X Addition Change Delete TITLE TITLE AMLEY, EDWARD A NAME Sullivan, Marie Powell NAME STREET ADDRESS STREET ADDRESS 6300 4TH STREET NORTH 6300 4th Street North CITY-ST-7IP CITY - ST - ZIP ST PETERSBURG, FL 33702 St. Petersburg, FL 33702 ☐ Change X Addition ☐ Delete TITLE TITLE AMLEY, ROBERT B NAME Smith, Raymond STREET ADDRESS 6300 4th Street North STREET ADDRESS 6300 4TH STREET NORTH CITY-ST-ZIP St. Petersburg, FL 33702 CITY - ST - ZIP. ST PETERSBURG, FL 33702 Addition ☐ Change ☐ Defete TITLE TITLE D Skipper, Paul J. FULMER, VICTORIA M NAME STREET ADDRESS 6300 4th Street North STREET ADDRESS 6300 4TH STREET NORTH CITY-ST-ZIP St. Petersburg, FL 33702 CITY-ST-ZIP ST PETERSBURG, FL 33702 ☐ Change X Addition TITLE ☐ Delete TITLE Patterson, Karen L. NAME HERETICK, KENNETH W NAME STREET ADDRESS 6300 4TH STREET NORTH 6300 4th Street North STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33702 CITY-ST-ZIP St. Petersburg, FL 33702 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME KUCERA, DEAN E STREET ADDRESS 6300 4TH STREET NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG, FL 33702

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 an address, with all other like empowered. KAREN L. Patterson SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED