2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Zimmer, President

Apr 07, 2006 8:00 am Secretary of State 04-07-2006 90020 013 ***150.00 **DOCUMENT # P05000048075** 1. Entity Name ZP NO. 160 MEMBER, INC. Principal Place of Business Mailing Address 40045714 111 PRINCESS ST 111 PRINCESS ST WILMINGTON, NC 28401 WILMINGTON, NC 28401 3. Mailing Address 2. Principal Place of Business Post Office Box 2628 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01092006 Chg-P Applied For City & State 4. FEI Number City & State Wilmington, NC 20-2667106 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 28402 USA 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 NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PΩ ☐ Delete TITLE ☐ Channe ☐ Addition TMF NAME ZIMMER, JEFFREY L NAME STREET ADDRESS P.O.BOX 2628 STREET ADDRESS CITY-ST-ZIP WILMINGTON, NC 28402 CITY-ST-ZIP VTD ☐ Delete K Change Addition TITLE TITLE ZIMMER, ALAN M NAME NAME STREET ADDRESS STREET ADDRESS P.O.BOX 2628 CITY-ST-ZIP WILMINGTON, NC 38402 CITY-ST-ZIP ZIP: 28402 K Change ☐ Addition SD ☐ Detete TITLE TITLE ZIMMER, HERBERT J NAME NAME STREET ADDRESS STREET ADDRESS P.O.BOX 2628 CITY-ST-ZIP CITY-ST-ZIP WILMINGTON, NC 38402 ZIP: 28402 ☐ Delete TITLE ☐ Change ☐ Addition MOSKOWITZ, CAROLYN NAME NAME STREET ADDRESS STREET ADDRESS 2107 ASCOTT PL CITY-ST-ZIP CITY-ST-ZIP WILMINGTON, NC 28403 ■ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITI F ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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.

FILED

910/763-4669

Daytime Phone #