

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000048075**

1. Entity Name  
**ZP NO. 160 MEMBER, INC.**



Principal Place of Business  
**111 PRINCESS ST  
WILMINGTON, NC 28401**

Mailing Address  
**POB 2628  
WILMINGTON, NC 28402**



01312008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2667106**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000831756  
02/27/08-80031-016 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	ZIMMER, JEFFREY L
STREET ADDRESS	P.O. BOX 2628
CITY- ST- ZIP	WILMINGTON, NC 28402
TITLE	VTD
NAME	ZIMMER, ALAN M
STREET ADDRESS	P.O. BOX 2628
CITY- ST- ZIP	WILMINGTON, NC 28402
TITLE	SD
NAME	ZIMMER, HERBERT J
STREET ADDRESS	P.O. BOX 2628
CITY- ST- ZIP	WILMINGTON, NC 28402
TITLE	D
NAME	MOSKOWITZ, CAROLYN
STREET ADDRESS	2107 ASCOTT PL
CITY- ST- ZIP	WILMINGTON, NC 28403
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**ZP NO. 160 MEMBER, INC.**

**SIGNATURE: By: Jeffrey L. Zimmer, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/15/2008**

Date

**910/763-4669**

Daytime Phone #