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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P14527 (6)

1. Corporation Name
HENDRICK MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
6000 MONROE RD. SUITE 100 P.O. BOX 18649 (28218) CHARLOTTE NC 28212	6000 MONROE RD. SUITE 100 P.O. BOX 18649 (28218) CHARLOTTE NC 28212-6175

3. Date Incorporated or Qualified: 05/19/1987
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 — Country 25	Zip 29 — Country 30

4. FEI Number: 56-1539967 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM INC
1201 HAYS STREET, SUITE 105
SUITE 105
TALLAHASSEE FL 32301

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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
TITLE	PTD	☐	1.1 TITLE		☐	☐
NAME	HENDRICK, J.R., III		1.2 NAME			
STREET ADDRESS	6000 MONROE RD.		1.3 STREET ADDRESS			
CITY-ST-ZIP	CHARLOTTE NC		1.4 CITY-ST-ZIP			
TITLE	VS	☐	2.1 TITLE		☐	☐
NAME	MUSGRAVE, WILLIAM O.		2.2 NAME			
STREET ADDRESS	6000 MONROE RD.		2.3 STREET ADDRESS			
CITY-ST-ZIP	CHARLOTTE NC		2.4 CITY-ST-ZIP			
TITLE	VP	☐	3.1 TITLE		☐	☐
NAME	HUZL, J.F.		3.2 NAME			
STREET ADDRESS	6000 MONROE RD.		3.3 STREET ADDRESS			
CITY-ST-ZIP	CHARLOTTE NC		3.4 CITY-ST-ZIP			
TITLE		☐	4.1 TITLE		☐	☐
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐	5.1 TITLE		☐	☐
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐	6.1 TITLE		☐	☐
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

CR2E034 (9/96)

14. I do 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.

SIGNATURE: W.O. Musgrave W.O. MUSGRAVE 04/03/97 (704) 568-5550