

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**May 01 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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: **6000 MONROE RD. SUITE 100 P.O. BOX 18649 (28218) CHARLOTTE NC 28212**  
Mailing Address: **6000 MONROE RD. SUITE 100 P.O. BOX 18649 (28218) CHARLOTTE NC 28212**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	22	26	27	05/19/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
City & State		City & State		56-1539967	
23	24	28	29	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
	25		30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>THE PRENTICE HALL CORPORATION SYSTEM INC 1201 HAYS STREET, SUITE 105 SUITE 105 TALLAHASSEE FL 32301</b>				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 \_\_\_\_\_ (NOIL Reg. Inred Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT /TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRICK, J.R., III		1.2 NAME	J.C. PERKINS	
STREET ADDRESS	6000 MONROE RD.		1.3 STREET ADDRESS	6000 MONROE ROAD, SUITE 100	
CITY-ST-ZIP	CHARLOTTE NC		1.4 CITY-ST-ZIP	CHARLOTTE, NC 28212	
TITLE	VS	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUZI, 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		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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 4/17/98 (704) 568-5550

CR2E034 (10/97)