FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 12:01

DOCUMENT # **P15267** **(8)**

1. Corporation Name
URBAN RESOURCE/GROUP, INC.

Principal Place of Business	Mailing Address
P O BOX 33068 RALEIGH NC 27636	P O BOX 33068 RALEIGH NC 27636

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/21/1987**
3a. Date of Last Report: **03/18/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **62-1253917** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RISINGER, DAVID L.
601 21 ST
S400
VERO BEACH FL 32960

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	WRIGHT, ROBERT G.	12 NAME		
STREET ADDRESS	3001 WESTON PKWY	13 STREET ADDRESS		
CITY-ST-ZIP	CARY NC	14 CITY-ST-ZIP	Cary, NC 27513	
TITLE	CD	21 TITLE		☒ Change ☐ Addition
NAME	VICK, C.E., JR.	22 NAME		
STREET ADDRESS	3001 WESTON PKWY.	23 STREET ADDRESS		
CITY-ST-ZIP	CARY NC	24 CITY-ST-ZIP	Cary, NC 27513	
TITLE	~~VPS~~	31 TITLE	V/D/S/T	☒ Change ☐ Addition
NAME	WILSON, MARK S.	32 NAME		
STREET ADDRESS	3001 WESTON PKWY	33 STREET ADDRESS		
CITY-ST-ZIP	CARY NC	34 CITY-ST-ZIP	Cary, NC 27513	
TITLE	D	41 TITLE		☒ Change ☐ Addition
NAME	BEESON, FRED V.	42 NAME		
STREET ADDRESS	4431 EMBARCADERO DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	44 CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	VICK, HAROLD D.	52 NAME		
STREET ADDRESS	4431 EMBARCADERO DR	53 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL	54 CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE	D	61 TITLE		☒ Change ☐ Addition
NAME	HOWELL, ROBERT H.	62 NAME		
STREET ADDRESS	4431 EMBARCADERO DRIVE	63 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	64 CITY-ST-ZIP	West Palm Beach, FL 33407	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Mark S. Wilson, Secy/Treas — Vice President/Director/ — 3/23/95 — (919) 677-2000
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0476112 FP