

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90234 003 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P16984			
1. Corporation Name HYNES BOND ELLISON, A DIVISION OF HYNES INC.			
Principal Place of Business 6525 MORRISON BOULEVARD SUITE 515 CHARLOTTE NC 28211		Mailing Address 6525 MORRISON BOULEVARD SUITE 515 CHARLOTTE NC 28211	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			
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 signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	CT	<input type="checkbox"/> DELETE	
NAME	HYNES, JAMES E.S.		
STREET ADDRESS	P.O. BOX 220948		
CITY-STATE-ZIP	CHARLOTTE NC		
TITLE	P	<input type="checkbox"/> DELETE	
NAME	GREENE, JOHN E.		
STREET ADDRESS	3105 FOXRIDGE ROAD		
CITY-STATE-ZIP	CHARLOTTE NC		
TITLE	VP	<input checked="" type="checkbox"/> DELETE	
NAME	LITTLEJOHN, C M		
STREET ADDRESS	1008 BRAEBURN RD		
CITY-STATE-ZIP	CHARLOTTE NC		
TITLE	AVP	<input type="checkbox"/> DELETE	
NAME	THREATT, DIANE C		
STREET ADDRESS	417 AMANDA DR		
CITY-STATE-ZIP	MATTHEWS NC		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	MCCOY, JANE P		
STREET ADDRESS	2450 AINSDALE RD		
CITY-STATE-ZIP	CHARLOTTE NC		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-STATE-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-STATE-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
3.2 NAME	Chief Financial Officer		
3.3 STREET ADDRESS	David E. Rush		
3.4 CITY-STATE-ZIP	11707 Provincetown Drive		
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME	Charlotte, NC 28277		
4.3 STREET ADDRESS			
4.4 CITY-STATE-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-STATE-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99
Date

(704) 365-1220
Daytime Phone #

CR2E034 (11/98)