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**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90221 008 \*\*\*150.00



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

**DOCUMENT # P21696**

1. Corporation Name  
**COGDELL SECURITIES, INC.**

Principal Place of Business

101 MATTHEWS ST  
 100  
 MATTHEWS NC 28105  
 US

Mailing Address

PO BOX 1334  
 MATTHEWS NC 28106  
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1988

4. FEI Number

56-1431649

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

LEBLANC, PHYLLIS J  
 ALL CHILDREN'S PHY OFFICE BLDG  
 SUITE 190 880 6TH ST S  
 ST PETERSBURG FL 33701

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
CDP	COGDELL, JAMES W.	2149 ROLSTON DRIVE	CHARLOTTE NC	<input type="checkbox"/>
T	CORNELIUS, TIMOTHY C.	2324 MILL HOUSE LANE	MATTHEWS NC	<input checked="" type="checkbox"/>
S	CORNELIUS, TIMOTHY CO	2324 MILL HOUSE LN	MATTHEWS NC	<input checked="" type="checkbox"/>
V	RANSOM, PATSY A	101 BRIARCLIFFE W	ELGIN SC	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
Chairman				<input checked="" type="checkbox"/>	<input type="checkbox"/>
ST	Charles Handy	4718 Hardwicke Road	Charlotte, NC 28211	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P	Frank Spencer	3201 Selwyn Avenue	Charlotte, NC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (11/98)

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: *Charles Handy* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

704-841-8411

Date

Daytime Phone #