

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 AM 9:30

DOCUMENT # P22191 (1)

1. Corporation Name

THE COGDELL GROUP, INC.

Principal Place of Business

3535 RANDOLPH RD STE 109
P.O. BOX 221857
CHARLOTTE NC 28222-8857

Mailing Address

3535 RANDOLPH RD STE 109
P.O. BOX 221857
CHARLOTTE NC 28222-8857

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/20/1988

3a. Date of Last Report

02/03/1994

4. FEI Number

56-1026994

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

COGDELL, JAMES W.

STREET ADDRESS

2149 ROLSTON DRIVE

CITY - ST - ZIP

CHARLOTTE NC

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE

VPD

NAME

ROSE, THOMAS E.

STREET ADDRESS

4419 SIMSBURY ROAD

CITY - ST - ZIP

CHARLOTTE NC

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

V

NAME

RANSOM, PATSY A.

STREET ADDRESS

101 BRIARCLIFFE WEST

CITY - ST - ZIP

ELGIN SC

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

AS

NAME

HOLLAND, BEVERLY N.

STREET ADDRESS

3923 COLONY CROSSING

CITY - ST - ZIP

CHARLOTTE NC

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

CFOD

NAME

CORNELIUS, TIMOTHY C.

STREET ADDRESS

2324 MILL HOUSE LANE

CITY - ST - ZIP

MATTHEWS NC

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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 110.07(3)(b), 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:

Beverly N. Holland

SIGNATURE AND TYPED AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beverly Holland, Asst. Sec.

1/11/95 704(364-8711)