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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P22191** **(1)**

1. Corporation Name

THE COGDELL GROUP, INC.

Principal Place of Business	Mailing Address
3535 RANDOLPH RD STE 109 P.O. BOX 221857 CHARLOTTE NC 28222-8857	3535 RANDOLPH RD STE 109 P.O. BOX 221857 CHARLOTTE NC 28222-8857

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc (22)	Suite, Apt. #, etc (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **12/20/1988**

3a. Date of Last Report: **02/03/1995**

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

9. Name and Address of Current Registered Agent

LEBLANC, PHYLLIS J.
ALL CHILDREN'S PHY OFFICE BLDG
880 6TH ST. S. SUITE 190
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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COGDELL, JAMES W. 2149 ROLSTON DRIVE CHARLOTTE NC	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ROSE, THOMAS E. 4419 SIMSBURY ROAD CHARLOTTE NC	XXX DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	EVP/COO Spencer, Frank C. 3201 Selwyn Avenue Charlotte, NC 28209	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FPD RANSOM, PATSY A. 101 BRIARCLIFFE WEST ELGIN SC	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	SVP	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS HOLLAND, BEVERLY N. 3923 COLONY CROSSING CHARLOTTE NC	XXX DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	AS Morrision, Nancy J. 10421 Fairway Ridge Road Charlotte, NC 28277	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOD CORNELIUS, TIMOTHY C. 2324 MILL HOUSE LANE MATTHEWS NC	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	S/T	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D Cogdell, Sharon Heptinstall 2149 Rolston Drive Charlotte, NC 28207	☐ Change ☒ Addition

CR2E034 (12/95)

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: Timothy C. Cornelius Timothy C. Cornelius 4/4/96 704 364-8711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number