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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 3535 RANDOLPH RD STE 109
P.O. BOX 221857 P.O. BOX 221857
CHARLOTTE NC 28222-8857 CHARLOTTE NC 28222-1857

3. Date Incorporated or Qualified 12/20/1988 3a. Date of Last Report 04/15/1996
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 2a. Mailing Address
21 101 Matthews St. 26 P.O. Box 1334
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 100 27
City & State City & State
23 Matthews, NC 28 Matthews, NC
Zip Country Zip Country
24 28105 25 Mecklenburg 29 28106 30 Mecklenburg

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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COGDELL, JAMES W.	1.2 NAME	
STREET ADDRESS	2149 ROLSTON DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC	1.4 CITY - ST - ZIP	
TITLE	EVPC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, FRANK C.	2.2 NAME	
STREET ADDRESS	3201 SELWYN AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC	2.4 CITY - ST - ZIP	
TITLE	SVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANSOM, PATSY A.	3.2 NAME	
STREET ADDRESS	101 BRIARCLIFFE WEST	3.3 STREET ADDRESS	
CITY - ST - ZIP	ELGIN SC	3.4 CITY - ST - ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, NANCY J.	4.2 NAME	
STREET ADDRESS	10421 FAIRWAY RIDGE ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC	4.4 CITY - ST - ZIP	
TITLE	ST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNELIUS, TIMOTHY C.	5.2 NAME	
STREET ADDRESS	2324 MILL HOUSE LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	MATTHEWS NC	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COGDELL, SHARON HEPTINS	6.2 NAME	
STREET ADDRESS	2149 ROLSTON DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC	6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0008903

CR2E034 (9/96)