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May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

101 MATTHEWS STREET
STE #100
MATTHEWS NC 28105
US

P.O. BOX 1334
P.O. BOX 221857
MATTHEWS NC 28016
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1988

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEBLANC, PHYLLIS 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
COGDELL, JAMES W.
STREET ADDRESS
2149 ROLSTON DRIVE
CITY-ST-ZIP
CHARLOTTE NC

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
SPENCER, FRANK C.
STREET ADDRESS
3201 SELWYN AVENUE
CITY-ST-ZIP
CHARLOTTE NC

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
RANSOM, PATSY A.
STREET ADDRESS
101 BRIARCLIFFE WEST
CITY-ST-ZIP
ELGIN SC

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
MORRISON, NANCY J.
STREET ADDRESS
10421 FAIRWAY RIDGE ROAD
CITY-ST-ZIP
CHARLOTTE NC

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
CORNELIUS, TIMOTHY C.
STREET ADDRESS
2324 MILL HOUSE LANE
CITY-ST-ZIP
MATTHEWS NC

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☒ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
COGDELL, SHARON HEPTINS
STREET ADDRESS
2149 ROLSTON DRIVE
CITY-ST-ZIP
CHARLOTTE NC

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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.

CR2E034 (10/97)