

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

04-23-1999 90221 007 \*\*\*150.00

**DOCUMENT # P22191**

1. Corporation Name  
**THE COGDELL GROUP, INC.**

Principal Place of Business

101 MATTHEWS STREET  
STE #100  
MATTHEWS NC 28105  
US

Mailing Address

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

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 PD ☐ DELETE

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

TITLE EVPC ☐ DELETE

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

TITLE SVP ☒ DELETE

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

TITLE AS ☐ DELETE

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

TITLE ST ☒ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Chairman ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

President ☒ Change ☐ Addition

ST  
Charles Handy  
4718 Hardwicke Road  
Charlotte, NC

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

Date

Daytime Phone #

704-841-8411

CR2E034 (11/98)