



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P22191 1. Entity Name COGDELL SPENCER ADVISORS, INC.						
Principal Place of Business 4401 BARCLAY DOWNS DR STE #300 CHARLOTTE, NC 28209 US	Mailing Address 4401 BARCLAY DOWNS DR STE #300 CHARLOTTE, NC 28209 US	 02232005 No Chg-P CR2E034 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;">4. FEI Number 56-1026994</td><td style="width: 40%;">Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 56-1026994	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. 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		DO NOT WRITE IN THIS SPACE				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C COGDELL, JAMES W 4401 BARCLAY DOWNS DR, STE 300 CHARLOTTE, NC 28209					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SPENCER, FRANK C 4401 BARCLAY DOWNS DR STE 300 CHARLOTTE, NC 28209					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HANDY, CHARLES 4401 BARCLAY DOWNS DR, STE 300 CHARLOTTE, NC					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE 000000263885 03/15/05-80004-012 150.00					
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: <u>Charles M. Handy</u> Charles M. Handy		3-4-05 704-9402900 <small>Date Daytime Phone #</small>				