DOCUMENT# P22 488 FILED RALPH WHITEHEAD ASSOCIATES, INC. 00 SEP 20 PM 4: 46 Principal Place of Business Mailing Address SEERETARY OF STATE TALEAHASSEE, FLORIDA PO Box 35624 3733 University Blvd. West Charlotte NC 28235-5624 Suite 305 Jacksonville FL 32217-2103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 56-0730953 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 *****<u>F</u> <u>*****61</u> Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE ☐ Delete TITLE President/Director NAME NAME Jenkins, James E

STREET ADDRESS STREET ADDRESS 1000 W Morehead STE 200 CITY-ST-ZIP CITY-ST-ZIP <u>Charlotte NC</u> Change ☐ Delete TITLE Addition TI) . . Williams, Raymond E. NAME NAME STREET ADDRESS STREET ADDRESS 1000 W Morehead STE 200 CITY-ST-ZIP CITY-ST-ZIP Charlotte NC Change ---- --- Addition ☐ Delete TITLE TITLE . SD ---NAME NAME Matthis, G. Stuart, II STREET ADDRESS STREET ADDRESS 1000 W Morehead STE 200 Charlotte NC __ CITY-ST-ZIE CITY-ST-7IP ☐ Delete TITLE ☐ Addition TITLE Change **VPD** NAME NAME White, Willis S. , III STREET ADDRESS STREET ADDRESS 3733 University Blvd STE 305 CITY-ST-ZIP CITY-ST-ZIP Jacksonville-FL-X☐ Change ☐ Addition TITLE □ Delete TITLE **VPD** NAME NAME Baughman, Robert H. STREET ADDRESS STREET ADDRESS 1000 W Morehead STE 200 CITY-ST-ZIP CITY-ST-ZIP Charlotte NC Addition TITLE ☐ Delete TITLE Change Principal NAME NAME Kelley, Kenneth T.

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/ 13/0

STE 305

3733 University Blvd

74.372 1885

Daytime Phone #

CAZEU04 (9/9)

2062

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY – ST – ZIP	VP/Chairman of the Board Briggs, Ronald C. 553 Southlake Blvd Richmond VA	ge Addition
TITLE NAME STREET ADDRESS CITY – ST – ZIP	Principal Sigmon, Gregory R. 1000 W Morehead Suite 200 Charlotte NC	X Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Principal Dehler, Brian D. 1000 W Morehead Suite 200 Charlotte NC	X Addition
TITLE NAME STREET ADDRESS CITY – ST – ZIP		
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