2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am Secretary of State DOCUMENT # 1. Entity Name 05-28-2002 91641 050 ***550 00 RALPH WHITEHEAD ASSOCIATES, INC. Principal Place of Business Mailing Address 3733 UNIVERSITY BLVD. WEST PO BOX 35624 SUITE 305 1 **CHARLOTTE NC 28235-5624** JACKSONVILLE FL 32217-2103 2. Principal Place of Business 3. Mailing Address 4348 Southpoint Blud Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite City & State City & State 4. FEI Number Applied For Jacksonville 56-0730953 Not Applicable 32216 \$8.75 Additional Country 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 Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria dn back) Make Check Payable to Department of State SAN TO STATE SOFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD Hoding on Landing ☐ Delete TITLE TIT! F Briggs, Ronald C. 4348 Suite 310 JENKINS, JAMES E NAME NAME STREET ADDRESS STREET ADDRESS 1000 W. MOREHEAD, STE. 200 CHARLOTTE NC 28208 CITY-ST-ZIP CITY-ST-ZIP Jacksonvillé FL 32216 ☐ Delete Change **≯** Addition Sigmon, Gregory R. 1000 W. Morehead, Ste. 200 NAME WILLIAMS, RAYMOND E STREET ADDRESS STREET ADDRESS 1000 W. MOREHEAD, STE. 200 CITY-ST-ZIP CITY-ST-ZIP Charlotte nc 28208 CHARLOTTE NC 28208 Delete . . TITLE TITLE ☐ Change X Addition Zimmerman, George T. 3505 Koger Blud, Suite 205 NAME NAME MATTHIS, G. STUART II STREET ADDRESS STREET ADDRESS 1000 W. MOREHEAD, STE. 200 CITY-ST-7IP CITY-ST-7IF Duluth GA 30096 CHARLOTTE NC 1 28208 SD Delete TITLE ☐ Change **X** Addition VPD Dehler, Brian D. 1000 W. Morehead, Ste 200 NAME WHITE, WILLIS S III NAME STREET ADDRESS 3733 UNIVERSITY BLVD., STE. 305 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL charlotte nc 28208 VPD VB CORRES TITLE Delete TITLE ☐ Change ☐ Addition NAME BAUGHMAN, ROBERT: H NAME STREET ADDRESS STREET ADDRESS 1000 W. MOREHEAD, STE. 200 CITY-ST-7IP CITY-ST-ZIP CHARLOTTE NC 28208 ☐ Delete TITLE Addition

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

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

KELLEY, KENNETH T

Jacksonville fl

3733 UNIVERSITY BLVD STE 305

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacksonville, FL

Kelley Kenneth T. 4348 Southpoint Blud, Suite 310