FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P31500** **(2)**

1. Corporation Name

CHILDRESS KLEIN MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
2800 ONE FIRST UNION CENTER CHARLOTTE NC 28202	2800 ONE FIRST UNION CENTER CHARLOTTE NC 28202

3. Date Incorporated or Qualified: **10/09/1990**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **56-1660049** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

BUCHMILLER GORDON A JR
100 S ASHLEY DRIVE, SUITE #250
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 51 Ladoga Avenue
83
84 City: Tampa FL 85 Zip Code: 33606

11. Pursuant to the provisions of Sections 607.0505 and 607.1502, 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: X _____ Gordon A. Buchmiller, Jr. 4/8/96
Signature of Current or New Registered Agent — Type or Print Name — Date

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	BUCHMILLER, JR. G	
STREET ADDRESS	100 S. ASHLEY DRIVE, SUITE 250	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPTD	☐ DELETE
NAME	KLEIN, FRED W	
STREET ADDRESS	2800 ONE FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	VPD	☐ DELETE
NAME	CHILDRESS, DONALD J	
STREET ADDRESS	300 GALLERIA PARKWAY, N.W. SUITE 600	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VP	☒ DELETE
NAME	WHITWAM, DEPPIE T	
STREET ADDRESS	100 S ASHLEY DRIVE, SUITE #250	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	☐ DELETE
NAME	WARREN, MARGARET A	
STREET ADDRESS	300 GALLERIA PARKWAY, NW, SUITE 600	
CITY-ST-ZIP	ATLANTA GA	
TITLE	AS	☐ DELETE
NAME	HILL, KATHY B	
STREET ADDRESS	2800 ONE FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added above with an address.

SIGNATURE: _____ Fred W. Klein, Vice Presldent 4/2/96 704/342-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #