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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **P32019** **(2)**

1. Corporation Name

RAYCOM MANAGEMENT GROUP, INC.

Principal Place of Business	Mailing Address
P.O. BOX 33367 CHARLOTTE NC 28233-3367	P.O. BOX 33367 CHARLOTTE NC 28233-3367

3. Date Incorporated or Qualified: **12/05/1990**
3a. Date of Last Report: **05/01/1995**

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

4. FEI Number: **56-1536425** ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent, and title of officer. (NOTE: Registered Agent signature required when name changed.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PM	☒ DELETE	1.1 TITLE	Rick Fujita	☐ Change ☒ Addition
NAME	RAY, WILLIAM E.		1.2 NAME	412 East Blvd	
STREET ADDRESS	412 EAST BLVD.		1.3 STREET ADDRESS	Charlotte, NC 28203	
CITY-ST-ZIP	CHARLOTTE, NC 28202		1.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	U. BERTRAM ELLIS, JR.		2.2 NAME		
STREET ADDRESS	ONE BUCKHEAD PLAZA, STE 930, 3060PEACHTREE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HAINES, KEN		3.2 NAME		
STREET ADDRESS	412 EAST BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE, NC 28202		3.4 CITY-ST-ZIP		
TITLE	TS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JAMES V. SANDRY		4.2 NAME		
STREET ADDRESS	ONE BUCKHEAD PLAZA, STE 930, 3060PEACHTREE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	RAYMOND R. WARREN		5.2 NAME	PM	
STREET ADDRESS	500 FIFTH AVE, SUITE 2330		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JAMES S. ALTENBACH		6.2 NAME		
STREET ADDRESS	ONE BUCKHEAD PLAZA, STE 930, 3060PEACHTREE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		6.4 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 on an attachment with an address.

SIGNATURE: Rick Fujita 4/29/96 (704) 331-9494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #