

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 03, 2001 8:00 am
Secretary of State**

02-03-2001 90289 005 ***158.75

DOCUMENT # P930000864881. Entity Name
KHP, INC.Principal Place of Business
**4431 EMBARCADERO DRIVE WEST
PALM BEACH FL 33407**Mailing Address
**PO BOX 33068
RALEIGH NC 27636
US****913546**2. Principal Place of Business
3001 Weston Parkway

Suite, Apt. #, etc.

Cary, NC

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
27513Country
U.S.

Zip

Country

4. FEI Number **59-1853333**Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****BARHAM, BARTON J
4431 EMBARCADERO DR
PALM BCH FL 33407**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WRIGHT, ROBERT G
3001 WESTON PKWY
CARY NC 27513** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BARTLETT, DONALD L
12700 PARK CENTRAL DR STE 1800
DALLAS TX 75251** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BAGBY, T. JACK III
501 INDEPENDENCE PKWY STE 300
CHESAPEAKE VA 23320** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSTD
WILSON, MARK S.
3001 WESTON PKWY
CARY NC 27513** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BYRD, MICHAEL N
4431 EMBARCADERO DR
WEST PALM BEACH FL 33407** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:**Mark S. Wilson****1/30/01 (919) 677-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)