

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000090471 (1)

1. Corporation Name  
HARRIS REALTY, INC.

Principal Place of Business  
10245 CENTURION PKWY  
JACKSONVILLE FL 32256

Mailing Address  
ATTN: TAX DEPT  
8300 COLLEGE BLVD  
OVERLAND PARK KS 66210  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/14/1994	
21	10245 Centurion Pkwy N	26	10245 Centurion Pkwy N	4. FEI Number	59-3330775
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
22		27		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Jacksonville FL	28	Jacksonville FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	32256	29	USA		

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
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
85	Zip Code

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KILPATRICK, DONALD G	1.2 NAME	David Fife
STREET ADDRESS	399 PARK AVE., 32ND FLOOR	1.3 STREET ADDRESS	10245 Centurion Pkwy N
CITY-ST-ZIP	NEW YORK NY 10022	1.4 CITY-ST-ZIP	Jacksonville FL 32256
TITLE	PCOO <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Senior VP - CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETROCELLI, ANTHONY J	2.2 NAME	Michael Rowley
STREET ADDRESS	399 PARK AVENUE 32ND FLOOR	2.3 STREET ADDRESS	10245 Centurion Pkwy N
CITY-ST-ZIP	NEW YORK NY 10022	2.4 CITY-ST-ZIP	Jacksonville FL 32256
TITLE	VAS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOWD, MATTHEW J	3.2 NAME	Thomas Clayton
STREET ADDRESS	399 PARK AVE., 32ND FLOOR	3.3 STREET ADDRESS	10245 Centurion Pkwy N.
CITY-ST-ZIP	NEW YORK NY 10022	3.4 CITY-ST-ZIP	Jacksonville FL 32256
TITLE	AS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURRIGHT, PHILIP M	4.2 NAME	Robert M. Lester
STREET ADDRESS	8300 COLLEGE BLVD.	4.3 STREET ADDRESS	10245 Centurion Pkwy N.
CITY-ST-ZIP	OVERLAND PARK FL 66210	4.4 CITY-ST-ZIP	Jacksonville FL 32256
TITLE	VPT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	NICK, RICHARD J	5.2 NAME	
STREET ADDRESS	399 PARK AVE., 32ND FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	5.4 CITY-ST-ZIP	
TITLE	VAST <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	DONAHUE, RICHARD J	6.2 NAME	
STREET ADDRESS	399 PARK AVE., 32ND FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	6.4 CITY-ST-ZIP	

14. 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 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:

Michael Rowley 4/21/98 9:49pm

CR2E034 (10/97)