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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90109 032 ***150.00

DOCUMENT # P96000031380

1. Corporation Name
FACILITY DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
225 WATER ST SUITE 1800 JACKSONVILLE FL 32201-3315	C/O LINBERGER & CO., LLC 1120 BOSTON POST ROAD DARLEN CT 06820

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/10/1996

2. Principal Place of Business 21 ONE ENTERPRISE WEST	2a. Mailing Address 26 1900 West Loop South	4. FEI Number 59-2287668	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE 655	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 SANDERSON, FL	City & State 28 HOUSTON, TX	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 32087 25 ~~BAKER~~ USA	Zip / Country 29 77027 30 USA	8. This corporation owes the current year Intangible Personal Property Tax.	☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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 if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	President	☐ Change ☒ Addition
NAME	COLWELL, JOHN A		1.2 NAME	BARRY IAN KING	
STREET ADDRESS	8 SPRINGHILL FARM COURT		1.3 STREET ADDRESS	1900 W. LOOP SO., STE 655	
CITY-ST-ZIP	HUNT VALLEY MA 21030		1.4 CITY-ST-ZIP	HOUSTON, TX 77027	
TITLE	S	☒ DELETE	2.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	LINBERGER, CHRISTOPHER		2.2 NAME	DAVID TIDHOLM	
STREET ADDRESS	C/O LINGERGER & CO LLC 1120 BOSTON POST RD		2.3 STREET ADDRESS	1900 W. LOOP SO, STE 655	
CITY-ST-ZIP	DARIEEN CT 06820		2.4 CITY-ST-ZIP	HOUSTON, TX 77027	
TITLE	AS	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MANDELL, EDWARD		3.2 NAME		
STREET ADDRESS	1211 AVE. OF THE AMERICAS		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10036		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: Barry Ian King BARRY IAN KING 7/29/99 713-850-8544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)