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

FILED
Jun 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **P96000071422 (5)**

1. Corporation Name
CORNERSTONE PROPERTIES, INC.

Principal Place of Business	Mailing Address
2090 PALM BEACH LAKES BLVD. STE 800 WEST PALM BEACH FL 33409	2090 PALM BEACH LAKES BLVD. STE 800 WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/01/1996

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 ~~APPLIED FOR~~ 65-0840631 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CHILLINGWORTH, CHARLES C ESQ.
2090 PALM BEACH LAKES BLVD. STE 800
WEST PALM BEACH FL 33409

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, type or print name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	1.1 TITLE	PD ☐ Change ☒ Addition
NAME	THMOMAS, DAVID C		1.2 NAME	CHARLES C. CHILLINGWORTH
STREET ADDRESS	203 CANTERBURY DRIVE WEST		1.3 STREET ADDRESS	2090 PALM BEACH LAKES BLVD. #800
CITY-ST-ZIP	WEST PALM BEACH FL 33407		1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	VD	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TOMBELIN, JOSEPH L		2.2 NAME	
STREET ADDRESS	1528 6TH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RAY, BRADLEY T		3.2 NAME	
STREET ADDRESS	2090 PALM BEACH LAKES BLVD. STE 800		3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33409		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FEKETE, HELEN K		4.2 NAME	
STREET ADDRESS	2090 PALM BEACH LAKES BLVD. STE 800		4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33409		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	

6/6/98

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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 electronic 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.

HELEN K. FEKETE

SIGNATURE: _____ 4/20/98 _____