

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071422

1. Entity Name

CORNERSTONE PROPERTIES, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90189 040 ***150.00

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|---|---|
| Principal Place of Business 257 GRANADA ROAD WEST PALM BEACH FL 33401 | Mailing Address 257 GRANADA ROAD WEST PALM BEACH FL 33401 |
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|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | | |
|----------------------------------|--------------------------|--------------------------------|--------------------------|
| 4. FEI Number | 65-0840631 | Applied For | <input type="checkbox"/> |
| | | Not Applicable | <input type="checkbox"/> |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required | |

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|---|--|
| 6. Name and Address of Current Registered Agent CONWAY, JEANNE O 324 ROYAL PALOY WAY PALM BEACH FL 33480 | 7. Name and Address of New Registered Agent Name: MARY CATHERINE CHILLINGWORTH Street Address (P.O. Box Number is Not Acceptable): 257 GRANADA Road City: West Palm Beach FL Zip Code: 33401 |
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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: Mary Catherine Chillingworth MARY CATHERINE CHILLINGWORTH / 30/2001
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) <input type="checkbox"/> | 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. <input type="checkbox"/> \$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 CHILLINGWORTH, CHARLES C 257 GRANADA RD. WEST PALM BEACH FL 33409 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP/SEC MARY CATHERINE CHILLINGWORTH 257 Granada Rd. West Palm Beach, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHILLINGWORTH, M.C. 257 GRANADA ROAD WEST PALM BEACH FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Charles C. Chillingworth CHARLES C. CHILLINGWORTH 4/30/2001 561-659-0720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)