

# 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

Principal Place of Business  
257 GRANADA ROAD  
WEST PALM BEACH FL 33401

Mailing Address  
257 GRANADA ROAD  
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0840631

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CONWAY, JEANNE O  
324 ROYAL PALOY WAY  
PALM BEACH FL 33480

Name *MARY CATHERINE CHILLINGWORTH*

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

257 GRANADA Road

City *West Palm Beach*

FL *33401*

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)

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 PD  
NAME CHILLINGWORTH, CHARLES C  
STREET ADDRESS 257 GRANADA RD.  
CITY-ST-ZIP WEST PALM BEACH FL 33409

Delete

TITLE VP/SEC  
NAME MARY CATHERINE CHILLINGWORTH  
STREET ADDRESS 257 GRANADA RD.  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

Change  Addition

TITLE D  
NAME CHILLINGWORTH, M.C.  
STREET ADDRESS 257 GRANADA ROAD  
CITY-ST-ZIP WEST PALM BEACH FL

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
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: *Charles C. Chillingworth* / 30/2001 561-659-0720  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)