

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90146 009 ***158.75

DOCUMENT # P98000042525

1. Entity Name
 ZP NO. 56 MEMBER, INC.

Principal Place of Business Mailing Address
 111 Princess Street Post Office Box 2628
 Wilmington, NC 28401 Wilmington, NC 28402

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
 56-2086075 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT Corporation System
 1200 South Pine Island Road
 Plantation, FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	
TITLE P/D <input type="checkbox"/> Delete	NAME Jeffrey L. Zimmer
STREET ADDRESS 111 Princess Street	
CITY-ST-ZIP Wilmington, North Carolina 28401	
TITLE VP/T/D <input type="checkbox"/> Delete	NAME Alan M. Zimmer
STREET ADDRESS 111 Princess Street	
CITY-ST-ZIP Wilmington, North Carolina 28401	
TITLE S/D <input type="checkbox"/> Delete	NAME Herbert J. Zimmer
STREET ADDRESS 111 Princess Street	
CITY-ST-ZIP Wilmington, North Carolina 28401	
TITLE D <input type="checkbox"/> Delete	NAME E. Bruce Moskowitz
STREET ADDRESS 2107 Ascott Place	
CITY-ST-ZIP Wilmington, North Carolina 28403	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	

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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 HERBERT J. ZIMMER, Secretary

03/29/00 910/763-4669
 Date Daytime Phone #

CR2E034 (9/99)