## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## FILED Feb 19, 2008 08:00 AN Secretary of State

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1. Entity Name

ZP NO. 60 MEMBER, INC.



Principal Place of Business

111 PRINCESS ST WILMINGTON, NC 28401 Mailing Address

POST OFFICE BOX 2628 WILMINGTON, NC 28402



01312008

No Chg-P

CR2E034 (11/05)

4. FEI Number 56-2086065

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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	The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floric the obligations of registered agent.	a. I am familiar with, and accept
SIC	GNATI IDE	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000831965 /27/08-80039-024

DATE

10. OFFICERS AND DIRECTORS TITLE NAME ZIMMER, JEFFREY L 111 PRINCESS ST STREET ADDRESS WILMINGTON, NC 28401 VPTD IIITE ZIMMER, ALAN M NAME STREET ADDRESS 111 PRINCESS ST CITY - ST-ZIP WILMINGTON, NC 28401 TITLE ZIMMER, HERBERT J NAME STREET ADDRESS 111 PRINCESS ST WILMINGTON, NC 28401 CITY-ST-ZIP TITLE MOSKOWITZ, CAROLYN F 2107 ASCOTT PLACE STREET ADDRESS WILMINGTON, NC 28403 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attacyment with an address, with all other like empowered.

ZP/ NO. 60 MEMBER, INC

SIGNATURE: By:

NATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/2008

910/763-4669

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