## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

NEW YORK, NY 10019

changed, or on an attachment with an address, with all other like empowered.

## Apr 29, 2005 8:00 am **Secretary of State** DOCUMENT # S18786 04-29-2005 90245 041 \*\*\*150.00 1. Entity Name PARKER-RALEIGH DEVELOPMENT I, INC. Principal Place of Business Mailing Address 5500 ATLANTIC SPRINGS RD. 5500 ATLANTIC SPRINGS RD. 14009060 STE. 103 STE. 103 RALEIGH, NC 27616 RALEIGH, NC 27616 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3049781 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MITCHELL, STEPHEN J. Street Address (P.O. Box Number is Not Acceptable) 210 N. FRANKLIN STREET, SUITE 2100 **SUITE 2100** TAMPA, FL 33602 City 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PASD Defete V/S TITLE ☐ Change **▼** Addition GLICK, ADAM P Ratledge, Toler W. NAME NAME 5500-103 Atlantic Springs Road STREET ADDRESS 1700 BROADWAY AVE, 34TH FLR. STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10019 CITY-ST-ZIP Raleigh, NC 27616 V/AS VAS TITLE Delete TITLE ☐ Change X Addition Siegel, Bradley NAME BRADY, DAVID L. NAME 1700 Broadway Avenue, 34th Floor 5500-103 ATLANTIC SPRINGS RD STREET ADDRESS STREET ADDRESS New York, NY 10019 CITY-ST-7IP RALEIGH, NC 27616 CITY-ST-ZIP VAS TITLE Delete TITLE AS Change ■ Addition NAME FULLER, KENNETH NAME Elliott, Jessica L. STREET ADDRESS 5500-103 ATLANTIC SPRINGS ROAD STREET ADDRESS 5500-103 Atlantic Springs Road CITY-ST-ZIP CITY-ST-ZIP RALEIGH, NC 27616 Raleigh, NC 27616 TITLE VAS Delete TITLE ☐ Change [X] Addition V/T/AS GORDON, RICHARD C NAME NAME O'Larnic, Nancy C. STREET ADDRESS 1700 BROADWAY AVENUE, 34TH FLOOR STREET ADDRESS 5500-103 Atlantic Springs Road CITY-ST-ZIP NEW YORK, NY 10019 CITY-ST-ZIP Raleigh, NC 27616 V/AS TITLE ☐ Delete TITLE X Change ☐ Addition VAGANAY, JEAN-PIERRE Vaganay, Jean-Pierre NAME NAME 1700 Broadway Avenue STREET ADDRESS 1700 BROADWAY AVENUE, 34TH FLOOR STREET ADDRESS New York, NY CITY-ST-ZIP NEW YORK, NY 10019 CITY-ST-ZIP X Delete TITLE TITLE Change ■ Addition NAME GORDON, RICHARD C NAME STREET ADDRESS 1700 BROADWAY AVE., 34TH FLR. STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if

AME OF SIGNING OFFICER OR DIRECTOR

FILED

919-872-9000

ATTACHMENT

1. Entity N	NT#S18786 lame RALEIGH DEVELOPMI	ENT I, INC.		
2. Princip	al Place of Business	2. Mailing Address		
5500 Atlantic Springs Road		5500 Atlantic Springs Road		
Sulte, Apt. #, etc		Suite, Apt. #, etc		
Suite 103		Suite 103		Į.
City & State		City & State		4. FEI Number
Raleigh, NC		Raleigh, NC		59-3049781
Zip	Country	Zip	Country	
27616	USA	27616	USA	

10. Officers and Directors			11. Additions/Changes to Officers and Directors In 11		
NAME STREET ADDRESS	AS Poor, Vickie B. 5500-103 Atlantic Springs Road Raleigh, NC 27616	X Deletion	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
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