

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S30555 (4)

1. Corporation Name:

EXHO PROPERTY, INC.



Principal Place of Business

Mailing Address

P O BOX 4899  
GA1-006-14-16  
ATLANTA GA 30302-4899  
US

P O BOX 4899  
GA1-006-14-16  
ATLANTA GA 30302-4899  
US

3. Date Incorporated or Qualified

02/07/1991

3a. Date of Last Report

04/27/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of principal or principal of registered agent, and the applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OF OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME P  
STREET ADDRESS SMITH, TURNER B  
CITY-ST-ZIP 25 SOUTH CHARLES ST, SUITE 1300  
BALTIMORE MD  
TITLE ☐ DELETE  
NAME SVP  
STREET ADDRESS WILLIAMS, GARY S  
CITY-ST-ZIP 101 S TRYON STREET  
CHARLOTTE NC  
TITLE ☐ DELETE  
NAME VP  
STREET ADDRESS PERLMUTTER, RICHARD L  
CITY-ST-ZIP 25 SOUTH CHARLES STREET, SUITE 1300  
BALTIMORE MD  
TITLE ☐ DELETE  
NAME S  
STREET ADDRESS STARK, EDWARD J  
CITY-ST-ZIP 10 S CHARLES STREET  
BALTIMORE MD  
TITLE ☐ DELETE  
NAME T  
STREET ADDRESS RHOADS, LYNN L  
CITY-ST-ZIP 730 15 TH STREET, NW  
WASHINGTON D.  
TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)

Michael Mulcahy, Senior Vice President  
NationsBank Corporation  
Corporate Tax Department-GA1-006-14-16  
600 Peachtree Street  
Atlanta, Georgia 30308