

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S30555** (4)
1. Corporation Name
EXHO PROPERTY, INC.



Principal Place of Business
**P O BOX 4899
GA1-008-14-18
ATLANTA GA 30302-4899
US**

Mailing Address
**401 N TRYON ST
%CORPORATE TAX
CHARLOTTE NC 28255
US**

DO NOT WRITE IN THIS SPACE

2. 401 N TRYON ST NC1-021-03-09 21 CHARLOTTE NC 28255	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 City & State 29 Zip 30 Country	3. Date Incorporated or Qualified 02/07/1991	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	8.75 Additional Fee Required \$5.00 May Be Added to Fees	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 (typed or printed name of registered agent and his, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, TURNER B	1.2 NAME	
STREET ADDRESS	25 SOUTH CHARLES STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD	1.4 CITY-ST-ZIP	
TITLE	SVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, GARY S	2.2 NAME	
STREET ADDRESS	101 S TRYON STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERLMUTTER, RICHARD L	3.2 NAME	
STREET ADDRESS	25 SOUTH CHARLES STREET, SUITE 1300	3.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARK, EDWARD J	4.2 NAME	
STREET ADDRESS	10 S CHARLES STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHOADS, LYNN L	5.2 NAME	
STREET ADDRESS	730 15 TH STREET, NW	5.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON D.	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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.

CR2E034 (10/97)