

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

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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90028 041 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 852035

1. Corporation Name
ODELL ASSOCIATES INC.

| | |
|--|--|
| Principal Place of Business 129 W. TRADE STREET CHARLOTTE NC 28202 | Mailing Address 129 W. TRADE STREET CHARLOTTE NC 28202 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|-------------|-------------------------|-------------|---|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/01/1982 | |
| 21 | | 26 | | 4. FEI Number 56-0952726 | Applied For Not Applicable |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23. City & State | | 28. City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24. Zip | 25. Country | 29. Zip | 30. Country | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|--|--|-----------|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | CEO <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROOK, BENJAMIN T | 1.2 NAME | |
| STREET ADDRESS | 101 HERMITAGE ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHARLOTTE NC | 1.4 CITY-ST-ZIP | |
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHNSON, ROY W | 2.2 NAME | ROBERT G. GRIFFIN |
| STREET ADDRESS | 3741 LARKSTON DRIVE | 2.3 STREET ADDRESS | 4876 CAMERON VALLEY PKWY. |
| CITY-ST-ZIP | CHARLESTON NC | 2.4 CITY-ST-ZIP | CHARLOTTE, NC 28210 |
| TITLE | VPST <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HAIGH, DONALD D | 3.2 NAME | MAX E. GRAY |
| STREET ADDRESS | 6738 WYNFAIRE LANE | 3.3 STREET ADDRESS | 1604 OAKENGATE LANE |
| CITY-ST-ZIP | CHARLOTTE NC | 3.4 CITY-ST-ZIP | MIDLOTHIAN, VA 23113 |
| TITLE | VPST <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCLELLAN, WILLIAM C | 4.2 NAME | |
| STREET ADDRESS | 2542 FOREST DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHARLOTTE NC | 4.4 CITY-ST-ZIP | |
| TITLE | VPD <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GRIFFIN, ROBERT G | 5.2 NAME | RICHARD D. CANTWELL |
| STREET ADDRESS | 12330 FRAMAR DRIVE | 5.3 STREET ADDRESS | 1124 LAUREL PARK LANE |
| CITY-ST-ZIP | MIDLOTHIAN VA | 5.4 CITY-ST-ZIP | CHARLOTTE, NC 28270 |
| TITLE | VP <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HOLLENBACH, MARK A. | 6.2 NAME | MARLEY CARROLL |
| STREET ADDRESS | 7033 ERIN CT | 6.3 STREET ADDRESS | 501 MONCURE DRIVE |
| CITY-ST-ZIP | CHARLOTTE NC | 6.4 CITY-ST-ZIP | CHARLOTTE, NC 28209 |

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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #