

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90037 043 \*\*\*158.75

**DOCUMENT # F98000003303**

1. Entity Name

**KONOVER PROPERTY TRUST, INC.**

Principal Place of Business

Mailing Address:

**11000 REGENCY PARKWAY, 3RD FLOOR, EAST TWR  
 CARY NC 27511**

**11000 REGENCY PARKWAY, 3RD FLOOR, EAST TWR  
 CARY NC 27511-8518**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**56-1819372**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

Name

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

City

**FL**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>MORTON, C C</b>
STREET ADDRESS	<b>11000 REGENCY PARKWAY, 3RD FLOOR, EAST TWR</b>
CITY-ST-ZIP	<b>CARY NC 27511</b>
TITLE	<b>COO</b> <input type="checkbox"/> Delete
NAME	<b>NEVILLE, WILLIAM H</b>
STREET ADDRESS	<b>11000 REGENCY PARKWAY, 3RD FLOOR, EAST TWR</b>
CITY-ST-ZIP	<b>CARY NC 27511</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>MALPHRUS, ROBIN W</b>
STREET ADDRESS	<b>11000 REGENCY PARKWAY, 3RD FLOOR, EAST TWR</b>
CITY-ST-ZIP	<b>CARY NC 27511</b>
TITLE	<b>EV</b> <input type="checkbox"/> Delete
NAME	<b>MINIUTTI, PATRICK M</b>
STREET ADDRESS	<b>11000 REGENCY PARKWAY, 3RD FLOOR, EAST TWR</b>
CITY-ST-ZIP	<b>CARY NC 27511</b>
TITLE	<b>EVM</b> <input type="checkbox"/> Delete
NAME	<b>GAVRELIS, CHRISTOPHER G</b>
STREET ADDRESS	<b>11000 REGENCY PARKWAY, 3RD FLOOR, EAST TWR</b>
CITY-ST-ZIP	<b>CARY NC 27511</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>EBERLE, WILLIAM D</b>
STREET ADDRESS	<b>11000 REGENCY PARKWAY, 3RD FLOOR, EAST TWR</b>
CITY-ST-ZIP	<b>CARY NC 27511</b>

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEE ATTACHED EXHIBITS A &amp; B</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 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 the duties required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like entries.

**SIGNATURE:** *Robin W. Malphrus* **SR. VICE PRESIDENT** **REQUIRED** **2/10/00** **919-462-8787**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)