

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91641 050 \*\*\*550.00

**DOCUMENT # P22788**  
 1. Entity Name  
**RALPH WHITEHEAD ASSOCIATES, INC.**

Principal Place of Business      Mailing Address  
**3733 UNIVERSITY BLVD. WEST**      **PO BOX 35624**  
**SUITE 305**      **CHARLOTTE NC 28235-5624**  
**JACKSONVILLE FL 32217-2103**      **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4348 Southpoint Blvd</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>Suite 310</b>		Suite, Apt. #, etc.	
City & State <b>Jacksonville FL</b>		City & State	
Zip <b>32216</b>	Country	Zip	Country
4. FEI Number <b>56-0730953</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>JENKINS, JAMES E</b> <b>1000 W. MOREHEAD, STE. 200</b> <b>CHARLOTTE NC 28208</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>Briggs, Ronald C.</b> <b>4348 Southpoint Blvd, Suite 310</b> <b>Jacksonville, FL 32216</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>WILLIAMS, RAYMOND E</b> <b>1000 W. MOREHEAD, STE. 200</b> <b>CHARLOTTE NC 28208</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Sigmon, Gregory R.</b> <b>1000 W. Morehead, Ste. 200</b> <b>Charlotte NC 28208</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MATTHIS, G. STUART II</b> <b>1000 W. MOREHEAD, STE. 200</b> <b>CHARLOTTE NC 28208</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>Zimmerman, George T.</b> <b>3505 Koger Blvd, Suite 205</b> <b>Duluth, GA 30096</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>WHITE, WILLIS S III</b> <b>3733 UNIVERSITY BLVD., STE. 305</b> <b>JACKSONVILLE FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Dehler, Brian D.</b> <b>1000 W. Morehead, Ste. 200</b> <b>Charlotte, NC 28208</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>BAUGHMAN, ROBERT H</b> <b>1000 W. MOREHEAD, STE. 200</b> <b>CHARLOTTE NC 28208</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KELLEY, KENNETH T</b> <b>3733 UNIVERSITY BLVD STE 305</b> <b>JACKSONVILLE FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Kelley, Kenneth T.</b> <b>4348 Southpoint Blvd, Suite 310</b> <b>Jacksonville, FL 32216</b>

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 this report as 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 empowered.

**SIGNATURE:** Raymond E. Williams      5/10/02      (704) 372-1885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)