

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90123 044 ***150.00

DOCUMENT # 374480

1. Entity Name
CHASE FEDERAL HOUSING CORPORATION

Principal Place of Business 401 N. TRYON ST., NC1-021-03-09 CHARLOTTE NC 28255 US	Mailing Address 401 N. TRYON ST., NC1-021-03-09 CHARLOTTE NC 28255-0001 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1316623	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, DUANE L 401 N TRYON ST CHARLOTTE NC 28255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP WILLIAMS, GARY S 401 N. TRYON ST., NC1-021-03-09 CHARLOTTE NC 28255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STARK, EDWARD J 401 N. TRYON ST., NC1-021-03-09 CHARLOTTE NC 28255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RHOADS, LYNN L 401 N. TRYON ST., NC1-021-03-09 CHARLOTTE NC 28255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV LOUSHLIN, EDITH M 401 N. TRYON ST., NC1-021-03-09 CHARLOTTE NC 28255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Duane L. Smith **DUANE L. SMITH** Duane L. Smith Date: 3-22-00 Daytime Phone #: 704-388-2460