

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90127 018 \*\*\*158.75

**DOCUMENT # 809876**  
 1. Entity Name  
**REA CONSTRUCTION COMPANY**

Principal Place of Business      Mailing Address  
**P.O. BOX 32487**      **PO BOX 32487**  
**CHARLOTTE NC 28232**      **CHARLOTTE NC 28232**  
**US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **56-0493796**      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	
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HAVENER, DANIEL L.</b> <b>3010 GRESHAM LAKE ROAD</b> <b>RALEIGH NC 27615</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Human Res.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Kristy L. Blackman</b> <b>6135 Park South DR., Ste. 400</b> <b>Charlotte, NC 28210</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PRESLAR, N.H.</b> <b>6135 PARK SOUTH DRIVE STE. 400</b> <b>CHARLOTTE NC 28210</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BAYS, MITCHELL C</b> <b>1310 OAKCREST DRIVE APT 512</b> <b>COLUMBIA SC 29223</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>TATE, C. K.</b> <b>6135 PARK SOUTH DRIVE STE 400</b> <b>CHARLOTTE NC 28210</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>FERRELL, J.M.</b> <b>6135 PARK SOUTH DRIVE STE 400</b> <b>CHARLOTTE NC 28210</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>COPELAND, J.W.</b> <b>6135 PARK SOUTH SUITE 400</b> <b>CHARLOTTE NC 28210</b> <input type="checkbox"/> Delete	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:** *Jim M. Ferrell* **Jim M. Ferrell/VP**      2-11-02      704-553-6500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)

Attachment

B00015083

# 809876

REA CONSTRUCTION COMPANY  
CHARLOTTE, NORTH CAROLINA

OFFICERS

		SSN	SERVICE DATE
(D)	Carey K. Tate, President 660 Guilford Road Rock Hill, South Carolina 29732	241-68-4973	3/20/72
(D)	James M. Ferrell, Vice President 4318 Morrowick Road Charlotte, North Carolina 28226	234-82-2026	9/28/77
(D)	John W. Copeland, Vice President 6418 Sardis Road Charlotte, North Carolina 28270	243-62-8348	7/18/72
	Bays C. Mitchell, Vice President 1310 Oakcrest Drive Apt. 512 Columbia, SC 29223	246-72-2693	3/4/63
	Kristy L. Blackman, Vice President Human Resources 1402 Thomas Avenue Charlotte, NC 28205	238-02-0144	4/12/82
	Norman H. Preslar, Corporate Secretary 2101 Medlin Road Monroe, North Carolina 28112	237-72-6247	9/30/85

(D) = Directors