

FILED
Aug 19, 2003 8:00 am
Secretary of State

08-19-2003 90020 002 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 820135
 1. Entity Name
HALL CONTRACTING CORPORATION



90151738

Principal Place of Business Mailing Address
 6415 LAKEVIEW ROAD 6415 LAKEVIEW ROAD
 PO BOX 560218 PO BOX 560218
 CHARLOTTE, NC 28256 CHARLOTTE, NC 28256

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For
61-0489373 Not Applicable

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

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$550.00
 Money Check Payable To Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, MICHAEL K 4106 WILD PARTRIDGE DR. CHARLOTTE, NC 28226	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CST BRACEY, TAMMY M 10718 SPRUCE MOUNTAIN RD CHARLOTTE, NC 28214	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUSSELL, DAVID A 5875 MISTY FOREST PLACE HARRISBURG, NC 28075	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCARTHY, MICHAEL 112 ANCHOR LANE TROUTMAN, NC 28166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/CFO/Sec./Treas. Tammy M. Bracey 10718 Spruce Mountain Rd. Charlotte, NC 28214	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. Vice President David A. Russell 5875 Misty Forest Place Harrisburg, NC 28075	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michael W. McCarthy 112 Anchor Lane Troutman, NC 28166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael W. McCarthy Date: 4/01/03 704-598-0818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)

Attachment

90151738
820135

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> GRACIE PENTON <input type="checkbox"/> Agent <input type="checkbox"/> Addresssee DEPARTMENT OF STATE B. Received by (Printed Name) C. Date of Delivery APR 09 2003</p>
<p>1. Article Addressed to: FL. Dept. of State Div. of Corporations Corp. Filings P.O. Box 6327 Tallahassee, FL 32314</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

102595-01-M-2509

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	0
Total Postage & Fees	\$ 4.42

Mailed Here 4-7-03

Sent To **FL. Dept. of State**
 Street, Apt. No.; or PO Box No. **P.O. Box 6327**
 City, State, ZIP+4 **Tallahassee, FL 32314**

PS Form 3800, January 2001 See Reverse for Instructions

5875 9064 1000 047 7001 1940

Attachment

HALL Contracting Corporation

90151738
820135

Performing More

6415 Lakeview Road (28269)
P.O. Box 560218
Charlotte, NC 28256
704/598-0818
704/598-3855 (FAX)
704/596-4186 (FAX Accounting)

Since 1954
Corporate Office: Charlotte, NC
Regional Office:
Jacksboro, TN
Gunitite/Shotcrete
Division

August 12, 2003

Florida Dept. of State
Division of Corporation
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Attn: Mr. Andy Dunlap

Dear Mr. Dunlap,

Re: Per our phone conversation on August 12, 2003.

Please see the attached Uniform Business Report (copy) and check enclosed for \$150.00. I have also included a copy of our Return Receipt for Merchandise slip issued by the United States Postal Service with the name Gracie Penton stamped on it and dated April 9, 2003.

Thank you so much for your help in this matter and if you have any questions please feel free to contact me at: 1-704-598-0818.

Sincerely,



Paula J. Gardner
Project Management Assistant

