

# 2001-UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90129 015 \*\*\*150.00

**DOCUMENT # 844375**

1. Entity Name

**JEFFERSON-PILOT COMMUNICATIONS COMPANY**

Principal Place of Business

Mailing Address

100 N. GREENE ST.  
 GREENSBORO NC 27401  
 US

P. O. BOX 21008  
 GREENSBORO NC 27420  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**56-0405830**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME: WEATHERLY, JOSEPH E. STREET ADDRESS: 100 N GREENE STREET CITY-ST-ZIP: GREENSBORO NC	<input type="checkbox"/>		<input type="checkbox"/>
VS NAME: MCALISTER, DANIEL K STREET ADDRESS: 100 N. GREENE ST. CITY-ST-ZIP: CHARLOTTE NC	<input type="checkbox"/>		<input type="checkbox"/>
VD NAME: STILL, JOHN T., III STREET ADDRESS: 100 N GREENE ST CITY-ST-ZIP: GREENSBORO NC	<input type="checkbox"/>		<input type="checkbox"/>
PD NAME: STONE, THERESA M STREET ADDRESS: 100 NORTH GREENE STREET CITY-ST-ZIP: GREENSBORO NC	<input type="checkbox"/>		<input type="checkbox"/>
V NAME: COLLINS, DENNIS P STREET ADDRESS: 20450 NW 2ND AVE CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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:

*Daniel K. McAlister*

Daniel K. McAlister

4/16/01

336-691-3317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)