

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90321 044 ***150.00

DOCUMENT # F97000003021

1. Entity Name
EQUIFIRST CORPORATION

Principal Place of Business 820 FOREST POINT CIRCLE CHARLOTTE NC 28273	Mailing Address 820 FOREST POINT CIRCLE CHARLOTTE NC 28273
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2. Principal Place of Business 500 Forest Point Circle Suite, Apt. #, etc.	3. Mailing Address 500 Forest Point Circle Suite, Apt. #, etc.
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City & State Charlotte, NC	City & State Charlotte, NC	4. FEI Number 56-1704428	Applied For <input type="checkbox"/> Not Applicable
Zip 28273	Country Mecklenburg	Zip 28273	Country Mecklenburg



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH 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 _____ 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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD BRADLEY, CHARLES W 2800 ROSEGATE LANE CHARLOTTE NC 28270	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MOORE, HUGH C 5423 PIPER GLEN DRIVE CHARLOTTE NC	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUSH, F B 4826 ADDISON DRIVE CHARLOTTE NC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ACUFF, JAMES L 8655 WALSHAM DRIVE CHARLOTTE NC	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LEWIS, ANGELA B 9120 C NOLLEY COURT CHARLOTTE NC	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '01

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TENNYSON, JEFFREY G. 11309 CATHERINE'S MINE CR. CHARLOTTE, NC 28277	<input type="checkbox"/> Change <input checked="" 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	VT RIELLY, TODD A. 7711 EPPING FOREST DRIVE HUNTERSVILLE, NC 28078	<input type="checkbox"/> Change <input checked="" 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

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: F. Brad Bush **F. Brad Bush** 04/18/01 **(704) 679-4456**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)