

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 03, 2004 8:00 am**  
**Secretary of State**

06-03-2004 90002 048 \*\*\*150.00

**DOCUMENT # F97000003021**



1. Entity Name  
**EQUIFIRST CORPORATION**

Principal Place of Business  
**500 FOREST POINT CIRCLE  
 CHARLOTTE, NC 28273**

Mailing Address  
**500 FOREST POINT CIRCLE  
 CHARLOTTE, NC 28273**

**54056452**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192003 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

Applied For

**56-1704428**

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

**C T CORPORATION SYSTEM  
 1200 SOUTH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD**  Delete  
 NAME **BRADLEY, CHARLES W**  
 STREET ADDRESS **2800 ROSEGATE LANE**  
 CITY-ST-ZIP **CHARLOTTE, NC 28270**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V**  Delete  
 NAME **BUSH, F B**  
 STREET ADDRESS **4826 ADDISON DRIVE**  
 CITY-ST-ZIP **CHARLOTTE, NC**

TITLE  Change  Addition  
 NAME **V/S**  
 STREET ADDRESS **Tucci, Christopher J.**  
 CITY-ST-ZIP **16024 Chiltern Lane  
 Huntersville NC 28078**

TITLE **PD**  Delete  
 NAME **TENNYSON, JEFFREY G**  
 STREET ADDRESS **11309 CATHERINE'S MINE CIR**  
 CITY-ST-ZIP **CHARLOTTE, NC 28277**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VTS**  Delete  
 NAME **RIELLY, TODD A**  
 STREET ADDRESS **7711 EPPING FOREST DRIVE**  
 CITY-ST-ZIP **HUNTERSVILLE, NC 28078**

TITLE **V/T**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:**

**Christopher J. Tucci**

**05/25/2004**

**704-679-4400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #