


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

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

**DO NOT WRITE IN THIS SPACE**



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-1704428	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

U00000532185  
 05/06/06-80075-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ALLCOCK, ROBIN L 1517 WAR ADMIRAL LN MARVIN, NC 28173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS TUCCI, CHRISTOPHER J 16024 CHILTERN LANE HUNTERSVILLE, NC 28078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TENNYSON, JEFFREY G 11309 CATHERINE'S MINE CIR CHARLOTTE, NC 28277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT GORDON, RICHARD J 10421 BUFFTON CT CHARLOTTE, NC 28277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: April 20, 2006 DAYTIME PHONE #: (704) 625-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR