

2007 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 05, 2007
Secretary of State**

DOCUMENT# F97000003021

Entity Name: EQUIFIRST CORPORATION

Current Principal Place of Business:

500 FOREST POINT CIRCLE
CHARLOTTE, NC 28273

New Principal Place of Business:

Current Mailing Address:

500 FOREST POINT CIRCLE
CHARLOTTE, NC 28273

New Mailing Address:

FEI Number: 56-1704428 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: CHRISTOPHER J TUCCI

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: ALLCOCK, ROBIN L
Address: 1517 WAR ADMIRAL LN
City-St-Zip: MARVIN, NC 28173

Title: VS () Delete
Name: TUCCI, CHRISTOPHER J
Address: 16024 CHILTERN LANE
City-St-Zip: HUNTERSVILLE, NC 28078

Title: PD () Delete
Name: TENNYSON, JEFFREY G
Address: 11309 CATHERINE'S MINE CIR
City-St-Zip: CHARLOTTE, NC 28277

Title: DVT () Delete
Name: GORDON, RICHARD J
Address: 10421 BUFFTON CT
City-St-Zip: CHARLOTTE, NC 28277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER J TUCCI

VS

10/05/2007

Electronic Signature of Signing Officer or Director

Date