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FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H07987**
1. Corporation Name
NATIONSBANC INVESTMENTS, INC.

(1)



Principal Place of Business

Mailing Address

101 S. TRYON ST.
NCI-002-20-18 CORPORATE TAX
CHARLOTTE NC 28255
US

401 N TRYON ST. NC1-021-03-09
%CORPORATE TAX
CHARLOTTE NC 28255
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1984

4. FEI Number

59-2422159

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. 401 N TRYON ST NC1-021-03-09
21 CHARLOTTE NC 28266

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

22 City & State

23 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MARTIN, J C
STREET ADDRESS 401 N TRYON ST, %CORPORATE TAX
CITY-ST-ZIP CHARLOTTE NC ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME WALKER, WALTER W JR
STREET ADDRESS 401 N TRYON ST, %CORPORATE TAX
CITY-ST-ZIP CHARLOTTE NC ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SVP
NAME ELLIOTT, MICHAEL F
STREET ADDRESS 401 N TRYON ST, %CORPORATE TAX
CITY-ST-ZIP CHARLOTTE NC ☒ DELETE

3.1 TITLE SVP
3.2 NAME Williams, Gary S.
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 401 N TRYON ST NC1-021-03-09
CHARLOTTE NC 28266 ☐ Change ☒ Addition

TITLE SVP
NAME HAIN, J T
STREET ADDRESS 401 N TRYON ST, %CORPORATE TAX
CITY-ST-ZIP CHARLOTTE NC ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SVP
NAME NEWMAN, SUSAN M
STREET ADDRESS 401 N TRYON ST, %CORPORATE TAX
CITY-ST-ZIP CHARLOTTE NC ☒ DELETE

5.1 TITLE V
5.2 NAME Locke, Janet
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE VPTS
NAME CROMWELL, MARILYN J
STREET ADDRESS 401 N TRYON ST, %CORPORATE TAX
CITY-ST-ZIP CHARLOTTE NC ☒ DELETE

6.1 TITLE Sec
6.2 NAME Lucas, Mary Ann
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☒ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CP2E034 (10/97)