

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

APPROVED
AND
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1999 AUG 20 PM 3: 52

CLERK OF STATE
TALLAHASSEE, FLORIDA



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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No	

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H07987

1. Corporation Name
NATIONSBANC INVESTMENTS, INC.

Principal Place of Business 401 N. TRYON STREET NC1-021-03-09 CHARLOTTE NC 28255 US	Mailing Address 401 N TRYON ST. NC1-021-03-09 %CORPORATE TAX CHARLOTTE NC 28255 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

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

18. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, J C 401 N TRYON ST, %CORPORATE TAX CHARLOTTE NC	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VP DUANE SMITH 401 N TRYON ST CHARLOTTE NC 28268
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, WALTER W JR 401 N TRYON ST, %CORPORATE TAX CHARLOTTE NC	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Pres Henry J. Rose 401 N TRYON ST CHARLOTTE NC 28268
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP WILLIAMS, GARY S. 401 N. TRYON STREET NC1-021-03-09 CHARLOTTE NC 28255	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Sec Edward J. Stark
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HAIN, J T 401 N TRYON ST, %CORPORATE TAX CHARLOTTE NC	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Thea Michael S. Podracky 401 N TRYON ST CHARLOTTE NC 28268
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOCKE, JANET 401 N. TRYON STREET NC1-021-03-09 CHARLOTTE NC 28255	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Sir Laura L. Meyer
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUCAS, MARY-ANN 401 N. TRYON STREET NC1-021-03-09 CHARLOTTE NC 28255	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Sir John W. Murce 5/19/99 90018 001 7500.00

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DUANE L. SMITH, VP

4/23/99

704-388-2460

AD