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1999 AUG 20 PM 3: 51

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



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

DOCUMENT # L28654
1. Corporation Name
CFB HOLDING CORPORATION

Principal Place of Business: 401 N. TRYON ST NC1-021-03-09 CHARLOTTE NC 28255 US
Mailing Address: 401 N. TRYON ST NC1-021-03-09 CHARLOTTE NC 28255 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/09/1989
4. FEI Number: 65-0173159 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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION FL 33324

10. Name and Address of New Registered Agent: 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 607.0562 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: Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting) DATE

12. OFFICERS AND DIRECTORS
TITLE P SMITH, TURNER B
NAME 401 N. TRYON ST NC1-021-03-09
STREET ADDRESS CHARLOTTE NC 28255
CITY-ST-ZIP
TITLE V DAURAY, JEFFREY J
NAME 401 N. TRYON ST NC1-021-03-09
STREET ADDRESS CHARLOTTE NC 28255
CITY-ST-ZIP
TITLE SVP WILLIAMS, GARY S
NAME 401 N. TRYON ST NC1-021-03-09
STREET ADDRESS CHARLOTTE NC 28255
CITY-ST-ZIP
TITLE S STARK, EDWARD J
NAME 401 N. TRYON ST NC1-021-03-09
STREET ADDRESS CHARLOTTE NC 28255
CITY-ST-ZIP
TITLE AST RHOADS, LYNN L
NAME 401 N. TRYON ST NC1-021-03-09
STREET ADDRESS CHARLOTTE NC 28255
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE VP
3.2 NAME Duane L. Smith
3.3 STREET ADDRESS 401 N TRYON ST
3.4 CITY-ST-ZIP CHARLOTTE NC 28226
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
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: Duane L. Smith, VP 4/23/99 704-388-2480

AD