2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 27, 2000 8:00 am Secretary of State **DOCUMENT # P03374** 1. Entity Name AC CORPORATION 01-27-2000 90054 035 ***158.75 Principal Place of Business Mailing Address 301 CREEK RIDGE ROAD PO BOX 16367 GREENSBORO NC 27406 GREENSBORO NC 27416-0367 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 1**56-**0117700 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent_ Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code FĽ 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. 基式的 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) シーカーは 📋 Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. COBD ☐ Delete TITLE Change " ☐ Addition TITLE NICKELL, G.T. NAME NAME STREET ADDRESS STREET ADDRESS 301 CREEK RIDGE ROAD CITY-ST-ZIP -GREENSBORO NC CITY-ST-ZIP VOPD TITLE TITLE ☐ Delete ☐ Change BEAN, R.F. NAME NAME STREET ADDRESS 301 CREEK RIDGE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GREENSBORO NC** THILE ---TITLE Delete* NICKELL, DAVID B NAME NAME STREET ADDRESS 301 CREEK RIDGE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GREENSBORO NO TITLE Delete TITLE PARHAM, W.W. NAME NAME STREET ADDRESS STREET ADDRESS 301 CREEK RIDGE ROAD CITY-ST-ZIP CITY-ST-7IP **GREENSBORO NC** ☐ Change Delete TITLE TITLE NAME ALLRED, GARY L NAME STREET ADDRESS STREET ADDRESS 301 CREEK RIDGE ROAD CITY-ST-ZIP CITY-ST-ZIP GREENSBORO NC Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 it 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 it among 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. with all other like empowered. changed, or on an attachment with an address

1-6-00