

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25455

FILED  
May 02, 2008  
Secretary of State

Entity Name: HOLDING PATTERN COMPANY.

## Current Principal Place of Business:

10 LIGHT ST; 19TH FLOOR  
BALTIMORE, MD 21202 US

## New Principal Place of Business:

C/O BANC OF AMERICA STRATEGIC SOLUTIONS, I  
100 S CHARLES ST; 4TH FLOOR  
BALTIMORE, MD 21201 US

## Current Mailing Address:

401 N TRYON ST  
NC1-021-02-20  
CHARLOTTE, NC 28255 US

## New Mailing Address:

FEI Number: 95-3999334      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. 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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete  
Name: EPSTEIN, HOWARD C  
Address: 401 N TRYON ST NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

Title: SVP ( ) Delete  
Name: MROZ, GREG S  
Address: 401 N TRYON ST NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

Title: SEC ( ) Delete  
Name: COSTAMAGNA, CHRISTINE M  
Address: 401 N TRYON ST NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

Title: TREA ( ) Delete  
Name: BARR, ADRIENNE M  
Address: 401 N TRYON ST NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

Title: D ( ) Delete  
Name: NASH, PHYLLIS P  
Address: 401 N TRYON ST NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

Title: D ( ) Delete  
Name: FUSZARD, JOSEPH T  
Address: 401 N TRYON ST  
City-St-Zip: CHARLOTTE, NC 28255

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SVP (X) Change ( ) Addition  
Name: SMITH, DUANE L  
Address: 401 N TRYON ST NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

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: DUANE L SMITH

SVP

05/02/2008

Electronic Signature of Signing Officer or Director

Date