

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90031 049 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P25189**

1. Corporation Name  
**FAISON ATLANTA, INC.**

Principal Place of Business  
121 W TRADE ST  
~~STE 1900 - ATTN: LEGAL DEPT~~  
CHARLOTTE NC 28202  
US

Mailing Address  
121 W TRADE ST  
~~STE 1900 - ATTN: LEGAL DEPT~~  
CHARLOTTE NC 28202  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifier	4. FEI Number	Applied For
21 121 W TRADE STE 2550	26 121 W TRADE STE 2550	07/14/1989	58-1407759	Not Applicable
22 CHARLOTTE NC	27 CHARLOTTE NC	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23 28202 USA	28 28202 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	29	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
	FL

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		(NOTE: Registered Agent signature required when reinstating)		DATE
Signature, type or printed name of registered agent and title if applicable				
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit	
NAME	FAISON, HENRY J.	1.2 NAME		
STREET ADDRESS	121 WEST TRADE STREET, SUITE 1900	1.3 STREET ADDRESS	121 W TRADE STE 2550	
CITY-ST-ZIP	CHARLOTTE NC	1.4 CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit	
NAME	NORWOOD, PHILIP W.	2.2 NAME		
STREET ADDRESS	121 WEST TRADE STREET, SUITE 1900	2.3 STREET ADDRESS	121 W TRADE STE 2550	
CITY-ST-ZIP	CHARLOTTE NC	2.4 CITY-ST-ZIP		
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit	
NAME	CULPEPPER IV, JAMES H.	3.2 NAME		
STREET ADDRESS	121 WEST TRADE STREET, SUITE 1900	3.3 STREET ADDRESS	VST BILLIE R WHITAKER	
CITY-ST-ZIP	CHARLOTTE NC	3.4 CITY-ST-ZIP	121 W TRADE STE 2550	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit	
NAME	EWING, MORRIS M.	4.2 NAME		
STREET ADDRESS	FIVE CONCOURSE PARKWAY, SUITE 2000	4.3 STREET ADDRESS	CHARLOTTE NC 28202	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit	
NAME	ALLEN S JACKSON JR	5.2 NAME		
STREET ADDRESS	121 WEST TRADE STREET, SUITE 1900	5.3 STREET ADDRESS	121 W TRADE STE 2550	
CITY-ST-ZIP	CHARLOTTE NC 28202	5.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit	
NAME		6.2 NAME	AS DIANE K HUNTER	
STREET ADDRESS		6.3 STREET ADDRESS	121 W TRADE STE 2550	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CHARLOTTE NC 28202	

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: Diane K. Hunter 4-26-99 704-972-25  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Diane K. Hunter ASSISTANT SECRETARY**