

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000005420

Entity Name: FLSUB-74, INC.

FILED
Apr 19, 2011
Secretary of State

Current Principal Place of Business:

SUITE 100, 3023 HSBC WAY
FORT MILL, SC 29707

New Principal Place of Business:

3023 HSBC WAY
SUITE 100
FORT MILL, SC 29707

Current Mailing Address:

PO BOX 241448
SUITE 100
CHARLOTTE, NC 282241448

New Mailing Address:

FEI Number: 27-4185502 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

OFFICERS AND DIRECTORS:

Title: DP
Name: GUIDICE, CARL W JR
Address: 3023 HSBC WAY, SUITE 100
City-St-Zip: FORT MILL, SC 29707

Title: VP
Name: ALEMAN, GILBERT E
Address: 3023 HSBC WAY, SUITE 100
City-St-Zip: FORT MILL, SC 29707

Title: ST
Name: WILLSON, MICHAEL W
Address: 3023 HSBC WAY, SUITE 100
City-St-Zip: FORT MILL, SC 29707

Title: AS
Name: HARKNESS, WARD E
Address: 3023 HSBC WAY, SUITE 100
City-St-Zip: FORT MILL, SC 29707

Title: AT
Name: WOODRUFF, JOSEPH F III
Address: 3023 HSBC WAY, SUITE 100
City-St-Zip: FORT MILL, SC 29707

Title: D
Name: DANON, ANTHONY M
Address: 3023 HSBC WAY, SUITE 100
City-St-Zip: FORT MILL, SC 29707

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL WILLSON

ST

04/19/2011

Electronic Signature of Signing Officer or Director

_____ Date