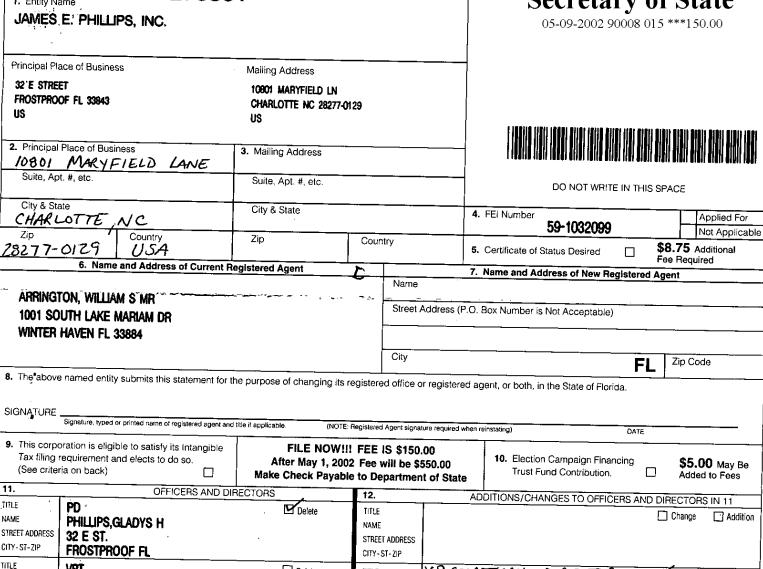
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 275861 1. Entity Name

FILED May 09, 2002 8:00 am Secretary of State



NAME STREET ADDRESS CITY-ST-ZIP TITLE VP. SECRETARY + DIRECTOR ☐ Delete TITLE Change ☐ Addition NAME BUTLER, ANE M STREET ADDRESS 10801 MARYFIELD LN STREET ADDRESS CITY-ST-ZIP CHARLOTTE NC 28277 CITY-ST-ZIP TITLE ☐ Delete TITLE PRESIDENT + DIRECTOR Change Addition NAME BUTLER, KEITH G NAME STREET ADDRESS 10801 MARYFIELD LN STREET ADDRESS CITY-ST-ZIP CHARLOTTE NC 28277 CITY-ST-ZIP **VPS** VICE PRESIDENT, SECRETARY DIRECTO Change ☐ Delete TITLE ☐ Addition NAME SNELL, LESLIE M NAME STREET ADDRESS 10208 BON MEADE LN STREET ADDRESS 4519 KEENELAND LANE CITY-ST-ZIP **CORNELIUS NC 28031** CITY-ST-ZIP CHARLOTTE, NC 28216 TITLE Delete TITLE Change ☐ Addition NAME MCDONALD, JAMES B NAME STREET ADDRESS 6053 WILCRA LAKE RD #110 STREET ADDRESS CITY-ST-ZIP CHARLOTTE NC 28212 CITY-ST-ZIP TITLE ☐ Delete VICE PRESIDENT ☐ Change Addition WILLIAM B, SNELL NAME

CHARLOTTE, NC 28216 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 report or supplemental 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 11 or Block 12 if

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

PAESIDENT+DIRECTOR 4/21/2002

4519 KEENELAND