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FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 609302 (5)
1. Corporation Name
ATICO FINANCIAL CORPORATION



Principal Place of Business

101 S. TRYON ST.
NC 1002-20-18
CHARLOTTE NC 28255

Mailing Address

401 N TRYON ST
%CORPORATE TAX
CHARLOTTE NC 28255
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1979

4. FEI Number

59-1911134

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. F
21 401 N TRYON ST NC1-021-03-09
CHARLOTTE NC 28255

2a. Mailing Address

26 same as 2.

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

22 City & State

23 Zip

24 Country

25

9. Name and Address of Current Registered Agent

BEIER, THOMAS
200 S.E. 1ST ST.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VDS
NAME BEIER, THOMAS
STREET ADDRESS 200 S.E. 1ST ST.
CITY-ST-ZIP MIAMI, FL 00000 ☒ DELETE

TITLE CD
NAME ALLEN, WILLIAM
STREET ADDRESS 200 S.E. 1ST ST.
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE PD
NAME KRAUSE, RICHARD A.
STREET ADDRESS 200 S.E. 1ST ST.
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Ademy Gerald P.
1.3 STREET ADDRESS 401 N TRYON ST NC1-021-03-09
1.4 CITY-ST-ZIP CHARLOTTE NC 28255 ☒ Change ☐ Addition

2.1 TITLE SVP
2.2 NAME Williams, Gary S.
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☒ Change ☐ Addition

3.1 TITLE Sec
3.2 NAME Lucas, Mary-Ann
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☒ Change ☐ Addition

4.1 TITLE D
4.2 NAME Pennewill, Christopher
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☒ Addition

5.1 TITLE D
5.2 NAME Smith, James R.
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

CR2E034 (10/97)