

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

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1999 AUG 20 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 609302

1. Corporation Name

ATICO FINANCIAL CORPORATION

Principal Place of Business

401 N TRYON ST.
401 N TRYON ST
CHARLOTTE NC 28255
US

Mailing Address

401 N TRYON ST
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 the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADEMY, GERALD P	1.2 NAME	
STREET ADDRESS	401 N TRYON ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28255	1.4 CITY-ST-ZIP	
TITLE	SVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, GARY S	2.2 NAME	
STREET ADDRESS	401 N TRYON ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28255	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, MARY A	3.2 NAME	
STREET ADDRESS	401 N TRYON ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28255	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENNEWILL, CHRISTOPHER	4.2 NAME	
STREET ADDRESS	401 N TRYON ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28255	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JAMES R	5.2 NAME	
STREET ADDRESS	401 N TRYON ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28255	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	VP
STREET ADDRESS		6.3 STREET ADDRESS	Duane L. Smith
CITY-ST-ZIP		6.4 CITY-ST-ZIP	5/19/99 90018 001 7500.00

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:

Duane L. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99 704-388-2460
Duane L. Smith, VP

AD