2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 663434** Jul 26, 2000 8:00 am Secretary of State CSF HOLDINGS, INC. 07-26-2000 90006 042 ***550.00 Principal Place of Business Mailing Address 401 N TRYON ST 401 N TRYON ST 100 N. TRYON ST., NC1-007-20-01 NC1-021-03-09. %CORPORATE TAX CHARLOTTE NC 28255 CHARLOTTE NC 28255 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1991867 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 8. 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DP ☐ Addition Delete rres. \ Du TITLE TITLE GENTRY, FRANK L. NAME NAME STREET ADDRESS STREET ADDRESS **401 N TRYON ST** NC1-021-03-09 CITY-ST-7IP CITY-ST-ZIP **CHARLOTTE NC 28255 401 N TRYON ST CHARLOTTE NC 28255** ☐ Delete ☐ Change ☐ Addition TITLE TITLE ALLEN, WILLIAM H. J. NAME NAME STREET ADDRESS STREET ADDRESS 401 N TRYON ST CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC 28255 5ec ☐ Delete ☐ Addition TITI F TITLE Change MACK JOHN E. NAME NAME mary STREET ADORESS NC1-021-03-09 STREET ADDRESS 401 N TRYON ST CITY-ST-ZIP 401 N TRYON ST CITY-ST-ZIP **CHARLOTTE NC 28255 CHARLOTTE NC 28255** Change TITLE TITLE ☐ Addition WALLS, GEORGE R. NAME NAME STREET ADDRESS 401 N TRYON ST STREET ADDRESS CITY-ST-ZIP **CHARLOTTE NC 28255** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE SMITH, DUANE L NAME STREET ADDRESS 401 N TRYON ST STREET ADDRESS

13. 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 changed, or on an attachment with an address

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CHARLOTTE NC 28255

CHARLOTTE NC 28255

MACK, JOHN

401 N TRYON ST

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

☐ Change

Addition