2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # 681965					APPHOVELY 8 1972 AND FILED			
ABCA, INC.					01 JAN 24 AM 9: 24			
1201 HAYS STREET, STE. 105		Mailing Address % THE PRENTICE HALL CORPORATION SYSTEM INC 1201 HAYS STREET. STE. 105 TALLAHASSEE FL 32301		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number 59-163508	∠ ⊢+-	Applied For	
Zip	Country	Zip	Country		5. Certificate of Status Desired	□ \$8.75 Ac Fee Requir	dditional	
	6. Name and Address of Current F	Registered Agent	Name	*	7. Name and Address of New	Registered Agent		
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301					(P.O. Box Number is Not Acceptable)			
IALL	ANASSEE PL 32301		City			FL Zip Co	de	
Tax filing (See crite	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		50.00 t of State				
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP ANDERSEN, ROBERT L 301 S COLLEGE ST CHARLOTTE NC 28288-0630	DIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ADDITIONS/CHANGES TO OF	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DRAKE, DAVID A 301 S. COLLEGE ST CHARLOTTE NC 28288-0630	¥ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 Jern 301 8 Char	1 m. miller, Jr. 5. college st. Lotte, NC 28298	⊠ Change 3- 06 30	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARD, JENNIFER M 301 S. COLLEGE ST CHARLOTTE NC 28288	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEMBO, KEITH D 301 S. COLLEGE ST CHARLOTTE NC 28288-0630	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	P Addition	
13. I hereby of indicated of the conchanged,	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empore, or on an attachment with an address	his filing does not qualify for th rue and accurate and that my vered to execute this report as In all other like empowered.	e exemption stat signature shall he required by Cha	ed in Secti ave the sar pter 607, F	on 119.07(3)(i), Florida Statutes. ne legal effect as if made under lorida Statutes; and that my nam	I further certify that the oath; that I am an office ne appears in Block 11 c	information r or director or Block 12 if	

CH2E034 (10/0)

704-374-3021

Date

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE

: 974999

167868A

AUTHORIZATION

COST LIMIT

ORDER DATE : January 23, 2001

ORDER TIME :

4:40 PM

ORDER NO. : 974999-005

CUSTOMER NO:

167868A

CUSTOMER:

Lisa P. Clontz, Legal Asst

First Union Corporation

One First Union Center, Nc0630

Legal Division-31st Floor Charlotte, NC 28288-0630

ANNUAL REPORT FILING

NAME: ABCA, INC.

XX	ANNUAL	
A A	ANNUAL	REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS: