SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **821918** **(0)**

1. Corporation Name
EASTERN FEDERAL CORPORATION

Principal Place of Business	Mailing Address
% C T CORPORATION SYSTEM ~~513 S. TRYON STREET~~ CHARLOTTE, NC 28202	% C T CORPORATION SYSTEM 513 S. TRYON STREET CHARLOTTE, NC 28202

3. Date Incorporated or Qualified: 10/07/1968
3a. Date of Last Report: 01/19/1995

2. Principal Place of Business
21: 901 E. BOULEVARD
22: Suite, Apt. #, etc:
23: City & State: Charlotte NC
24: Zip: 28203
25: Country: Mecklenburg

2a. Mailing Address
26: 901 EAST BOULEVARD
27: Suite, Apt. #, etc:
28: City & State: Charlotte NC
29: Zip: 28203-5203
30: Country: Mecklenburg

4. FEI Number: 56-0905050 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MEISELMAN,IRA S		12 NAME	
STREET ADDRESS	513 S. TRYON STREET		13 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	POSTON, L. A.		22 NAME	
STREET ADDRESS	513 S. TRYON ST.		23 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC		24 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	LLOYD, PAUL E.		32 NAME	
STREET ADDRESS	513 S. TRYON ST.		33 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC		34 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	POSTON, L.A.		42 NAME	
STREET ADDRESS	513 S. TRYON STREET		43 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC		44 CITY-ST-ZIP	
TITLE	S	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	ROYSTER, GEORGE A. J		52 NAME	
STREET ADDRESS	513 S. TRYON ST.		53 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Paul Lloyd PAUL LLOYD 6/14/96 704 3773495 ext 18
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #