


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

FILED

Jan 16 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 | |  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 901 E. BLVD. 513 S. TRYON STREET CHARLOTTE NC 28202 US | | Mailing Address 901 E. BLVD. 513 S. TRYON STREET CHARLOTTE NC 28202-1839 US | |
| 2. Principal Place of Business 21 901 EAST BLVD. Suite, Apt. #, etc. | | 2a. Mailing Address 26 901 EAST BLVD. Suite, Apt. #, etc. | |
| 22 City & State 23 CHARLOTTE, NC Zip Country 24 28203-5203 25 MECKLENBURG | | 27 City & State 28 CHARLOTTE, NC Zip Country 29 28203-5203 30 MECKLENBURG | |
| 3. Date Incorporated or Qualified 10/07/1968 | | | |
| 3a. Date of Last Report 06/18/1996 | | | |
| 4. FEI Number 56-0905050 Applied For Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> 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 reinstating) DATE _____ | | | |
| 12. OFFICERS AND DIRECTORS | | | |
| TITLE | PD | <input type="checkbox"/> DELETE | |
| NAME | MEISELMAN, IRA S | | |
| STREET ADDRESS | 513 S. TRYON STREET | | |
| CITY - ST - ZIP | CHARLOTTE NC | | |
| TITLE | D | <input type="checkbox"/> DELETE | |
| NAME | POSTON, L. A. | | |
| STREET ADDRESS | 513 S. TRYON ST. | | |
| CITY - ST - ZIP | CHARLOTTE NC | | |
| TITLE | VPD | <input type="checkbox"/> DELETE | |
| NAME | LLOYD, PAUL E. | | |
| STREET ADDRESS | 513 S. TRYON ST. | | |
| CITY - ST - ZIP | CHARLOTTE NC | | |
| TITLE | TD | <input type="checkbox"/> DELETE | |
| NAME | POSTON, L.A. | | |
| STREET ADDRESS | 513 S. TRYON STREET | | |
| CITY - ST - ZIP | CHARLOTTE NC | | |
| TITLE | S | <input type="checkbox"/> DELETE | |
| NAME | ROYSTER, GEORGE A. J | | |
| STREET ADDRESS | 513 S. TRYON ST. | | |
| CITY - ST - ZIP | CHARLOTTE NC | | |
| TITLE | | <input type="checkbox"/> DELETE | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | 901 EAST BLVD | | |
| 1.4 CITY - ST - ZIP | CHARLOTTE, NC 28203-5203 | | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | 901 EAST BLVD. | | |
| 2.4 CITY - ST - ZIP | CHARLOTTE, NC 28203-5203 | | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | 901 EAST BLVD. | | |
| 3.4 CITY - ST - ZIP | CHARLOTTE, NC 28203-5203 | | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | 901 EAST BLVD. | | |
| 4.4 CITY - ST - ZIP | CHARLOTTE, NC 28203-5203 | | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | 901 EAST BLVD. | | |
| 5.4 CITY - ST - ZIP | CHARLOTTE, NC 28203-5203 | | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY - ST - ZIP | | | |
| 14. I do 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. | | | |
| SIGNATURE: <i>Paul Lloyd</i> 1/6/97 704 377 3490 ext 18 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |

CR2E034 (9/96)