

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 821918

FILED  
Apr 17, 2012  
Secretary of State

**Entity Name:** EASTERN FEDERAL CORPORATION

**Current Principal Place of Business:**

901 E. BLVD.  
CHARLOTTE, NC 282035205 US

**New Principal Place of Business:**

122 CHEROKEE ROAD  
SUITE 2  
CHARLOTTE, NC 28207 US

**Current Mailing Address:**

901 E. BLVD.  
CHARLOTTE, NC 282035205 US

**New Mailing Address:**

122 CHEROKEE ROAD  
SUITE 2  
CHARLOTTE, NC 28207 US

**FEI Number:** 56-0905050

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR  
STE A  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MEISELMAN, CARTER D  
Address: 122 CHEROKEE RD., SUITE 2  
City-St-Zip: CHARLOTTE, NC 28207

Title: VPD  
Name: MEISELMAN, CAROLE  
Address: 122 CHEROKEE RD., SUITE 2  
City-St-Zip: CHARLOTTE, NC 28207

Title: T  
Name: MEISELMAN, CARTER D  
Address: 122 CHEROKEE RD., SUITE 2  
City-St-Zip: CHARLOTTE, NC 28207

Title: S  
Name: MEISELMAN, CAROLE  
Address: 122 CHEROKEE RD., SUITE 2  
City-St-Zip: CHARLOTTE, NC 28207

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARTER MEISELMAN

PRES

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date