

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 831084 (9)  
1. Corporation Name  
NATIONS Banc LEASING CORPORATION OF NORTH CAROLIN  
A

Principal Place of Business  
101 S TRYON ST  
NC1-002-20-18 C/O CORPORATE TAX  
CHARLOTTE NC 28255  
US

Mailing Address  
101 S TRYON ST  
NC1-002-20-18 C/O CORPORATE TAX  
CHARLOTTE NC 28255  
US

FILED  
Aug 08 1997 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/04/1973  
3a. Date of Last Report 05/20/1996

4. FEI Number 56-1047851  
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal 401 N TRYON ST NC1-021-03-09  
21 CHARLOTTE NC 28255

2a. Mailing Address  
26 Same as 2.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME HAGEN, ANTHONY M  
STREET ADDRESS 2059 NORTHLAKE PARKWAY  
CITY-ST-ZIP TUCKER GA

TITLE ☐ DELETE

NAME D PIERSON, ELMER  
STREET ADDRESS NATIONS BANK PLAZA  
CITY-ST-ZIP CHARLOTTE NC

TITLE ☐ DELETE

NAME D KELL, J. W  
STREET ADDRESS 2059 NORTHLAKE PARKWAY  
CITY-ST-ZIP TUCKER GA

TITLE ☐ DELETE

NAME D GEIST, JOHN  
STREET ADDRESS 600 PEACHTREE STREET  
CITY-ST-ZIP ATLANTA GA

TITLE ☒ DELETE

NAME D SHAW JR., JAMES  
STREET ADDRESS 2059 NORTHLAKE PARKWAY  
CITY-ST-ZIP TUCKER GA

TITLE ☐ DELETE

NAME S LUCAS, MARY-ANN  
STREET ADDRESS 2059 NORTHLAKE PARKWAY  
CITY-ST-ZIP TUCKER GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 401 N TRYON ST NC1-021-03-09

1.4 CITY-ST-ZIP CHARLOTTE NC 28255

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Sr. V.P.  
Susan Mays Newman

401 N TRYON ST NC1-021-03-09  
CHARLOTTE NC 28255

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:

*Susan Mays Newman*

7-31-97

704-386-8568

CR2E034 (4/97)