2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 28, 2000 8:00 am Secretary of State **DOCUMENT # 835827** 1. Entity Name BELK STORES MUTUAL INSURANCE COMPANY 08-28-2000 90058 046 ***558.75 Principal Place of Business Mailing Address 2801 W. TYVOLA ROAD 2801 W TYVOLA RD. CHARLOTTE NC 28217-4500 CHARLOTTE NC 28217-4500 HUUO1343 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 56-0773500 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) CAPITOL BLDG. TALLAHASSEE FL 32304 Zip Code 8. 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. 企物的 医抗 经红海沟 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE TITLE Change ☐ Addition Delete NAME **BELK, THOMAS M JR** NAME STREET ADDRESS STREET ADDRESS 2801 WEST TYVOLA ROAD CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC 28217-4500 ☐ Addition Change TITLE Delete TITLE MOORE, LUTHER T. NAME NAME STREET ADDRESS 2801 W TYVOLA RD STREET ADDRESS CITY-ST-ZIP CHARLOTTE NC CITY-ST-ZIP AST_____ ☐ Addition TITLE __ __ Change TITLE_ NAME BERRY, JAMES M. NAME STREET ADDRESS 2801 W TYVOLA ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CHARLOTTE NC ☐ Change ☐ Addition SVP ☐ Delete TITLE TITLE WALLING, ESTON V. NAME NAME STREET ADDRESS STREET ADDRESS 2801 W TYVOLA RD CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NO TITLE ☐ Delete TITLE ☐ Change Addition NAME BELK, JOHN M. NAME STREET ADDRESS 2801 W TYVOLA RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NO Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME BELK, JOHN R STREET ADDRESS STREET ADDRESS 2801 W TYVOLA ROAD

13. I 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 report or supplemental 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 composition or the composition or the composition or the composition of the composition

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SIGNATURE:

CHARLOTTE NC 28217-4500

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