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

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1999 AUG 20 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 848233

1. Corporation Name
NCNB CORPORATE SERVICES, INC.

Principal Place of Business	Mailing Address
401 N TRYON ST NC1 007-19-03 CORPORATE TAX CHARLOTTEE NC 28255 US	401 N TRYON ST NC1-021-03-09. %CORPORATE TAX CHARLOTTE NC 28255 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1981

2. Principal Place of Business	2a. Mailing Address
21	26
22 401 N TRYON ST CHARLOTTE NC 28255	27 401 N TRYON ST CHARLOTTE NC 28255
23	28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 56-1287440 ☐ 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 the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MACK, JOHN E		1.2 NAME		
STREET ADDRESS	401 N TRYON ST, %CORPORATE TAX		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	REYMANN, LUCILLE E		2.2 NAME		
STREET ADDRESS	401 N TRYON ST, %CORPORATE TAX		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STARK, EDWARD J		3.2 NAME		
STREET ADDRESS	401 N TRYON ST, %CORPORATE TAX		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		3.4 CITY-ST-ZIP		
TITLE	CP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HEATH, JENNIFER R		4.2 NAME		
STREET ADDRESS	401 N TRYON ST, %CORPORATE TAX		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LUCAS, MARY A		5.2 NAME	5/19/99 90018 001	7500.00
STREET ADDRESS	401 N TRYON ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28255		5.4 CITY-ST-ZIP		
TITLE	SVP	☑ DELETE	6.1 TITLE	VP	☐ Change ☐ Addition
NAME	WILLIAMS, GARY S		6.2 NAME	Duane L. Smith	
STREET ADDRESS	401 N TRYSON ST, % CORPORATE TAX		6.3 STREET ADDRESS	401 N TRYON ST	
CITY-ST-ZIP	CHARLOTTE NC		6.4 CITY-ST-ZIP	CHARLOTTE NC 28255	

14. 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 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, with all other like empowered.

SIGNATURE: Duane L. Smith **DUANE L. SMITH, VP** **4/27/99** **704-388-2460**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AD

CR2E034 (11/98)