2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

849492 **DOCUMENT #**

1. Entity Name

C.C. DICKSON CO.



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90222 016 ***150.00

			1	WE THE		
Principal Place of Business P.O. BOX 13501 CHAPLOTTE NC 28236		Mailing Address P.O. 80X 13501 CHARLOTTE NC 28236				DI 31316 83011 DIDU GIGIK DIGU GIGIK 2001
2 Principal I	Place of Business	3. Mailing Address				
			2501		r sement serris breite iffert ermer tattik itt	ti minii ginii minii didii didii Ainti Idal
Suite, Apt		Suite, Apt. #, etc.	P.O. Box 13501 Suite, Apt. #, etc.		—	
Rock E	Iil				☐ CHECK HERE IF N	MAKING CHANGES
City & Sta	te	City & State			4. FEI Number 56-0200571	Applied For
Rock Hill, SC		Rock Hill, SC			30 0200371	Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional
29730	US 6. Name and Address of Current	29731 Registered Agent	l US		7. Name and Address of New Regis	Fee Required
			Name		The Harmound Address of Horr Hogis	nereu Agent
PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET			Street	Street Address (P.O. Box Number is Not Acceptable)		
SUITE 10						
TALLAHASSEE FL 32301			City		,	FL Zip Code
8. The above	named entity submits this statement for	or the purpose of changing it	s registered office	or registered	d agent, or both, in the State of Florida	. I am familiar with, and accept
the obliga	tions of registered agent.					
SIGNATURE		· · · · · · · · · · · · · · · · · · ·				
<u> </u>	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent sign:	ature required wh	hen reinstating)	DATE
	TLE NOW!!! FEE IS \$150.00				9. Election Campaign Financi	ing \$5.00 May Be
	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	if State			Trust Fund Contribution.	Added to Fees
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS			11.		ADDITIONO /OLIVADOSO TO OFFICE	20 1410 010501000 11111
TITLE	V	Delete	TITLE	15	ADDITIONS/CHANGES TO OFFICER	
NAME	KING, HAROLD B	☐ Delete	NAME	Diale	raon Im C.C	Change XXXddition
STREET ADDRESS	,456 LAKESHORE PARKWAY		STREET ADDRESS	DICK	son, Jr., C.C.	29730
CITY-ST-ZIP	ROCK HILL SC 29730		CITY-ST-ZIP	456	Lakeshore Parkway	y, Rock Hill, S <mark>(</mark>
TITLE	D	☐ Delete	TITLE	VCFO		☐ Change XXXddition
NAME	STEWART, STEPHEN B		NAME	1/15/6	ley, Jr., John T. Lakeshore Parkway	,
STREET ADDRESS CITY-ST-ZIP	456 LAKESHORE PARKWAY ROCK HILL SC 29730		STREET_ADDRESS_ CITY-ST-ZIP	ROCK	Hill, SC 297	: I
TITLE	D .	Delete	TITLE		·	
NAME .	DICKSON, ROBERT T	□ Delété	NAME	P DeMa	o, Jack	☐ Change XXXXddition
STREET ADDRESS	456 LAKESHORE PARKWAY		STREET ADDRESS	456	Lakeshore Parkway	
CITY-ST-ZIP	ROCK HILL SC 29730		CITY-ST-ZIP	ROCK	Hill, SC 29730)
TITLE .	D	☐ Delete	TITLE			☐ Change ☐ Addition
NAME	SANFORD, ROBERT G		NAME	ľ		
STREET ADDRESS CITY-ST-ZIP	456 LAKESHORE PARKWAY ROCK HILL SC 29730		STREET ADDRESS CITY-ST-ZIP			
TITLE .				 		
NAME	D Preston, James Y	☐ Delete	TITLE NAME			☐ Change ☐ Addition
STREET ADDRESS	456 LAKESHORE PARKWAY		STREET ADDRESS			
CITY-ST-ZIP	ROCK HILL SC 29730		CITY-ST-ZIP			
TITLE	٧	☐ Delete	TITLE		······································	☐ Change ☐ Addition
NAME	DURHAM, DARRELL		NAME			 - 2
STREET ADDRESS	456 LAKESHORE PARKWAY		STREET ADDRESS			
CITY-ST-ZIP	ROCK HILL SC 29730		CITY-ST-ZIP		1444	7-1-
12. I hereby c	ertify that the information supplied with	this filing does not qualify fo	r the exemption sta	ted in Section	on 119.07(3)(i), Florida Statutes, I furth	ner 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG