

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**  
03-13-2002 90044 012 \*\*\*150.00

SECRET AT

**DOCUMENT # 849593**  
1. Entity Name  
**THE LIBERTY MARKETING CORPORATION**

Principal Place of Business  
**2000 WADE HAMPTON BLVD**  
**GREENVILLE SC 29615**

Mailing Address  
**P.O. BOX 789**  
**GREENVILLE SC 29602**

444003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		57-0714532		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HIPP, HAYNE		NAME		
STREET ADDRESS	2000 WADE HAMPTON BLVD.		STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE SC 29615		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, MARTHA G		NAME		
STREET ADDRESS	2000 WADE HAMPTON BLVD.		STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE SC 29615		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVANS, ROBERT E		NAME		
STREET ADDRESS	2000 WADE HAMPTON BLVD.		STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE SC 29615		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, KENNETH W		NAME		
STREET ADDRESS	2000 WADE HAMPTON BLVD		STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE SC 29615		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CYR, SUSAN E		NAME		
STREET ADDRESS	2000 WADE HAMPTON BLVD		STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE SC 29615		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUFFSTETLER, HAROLD W JR		NAME		
STREET ADDRESS	2000 WADE HAMPTON BLVD		STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE SC 29615		CITY-ST-ZIP		

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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kenneth W Jones **Kenneth W Jones** 02/12/02 (864) 609-8111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)