

2001 UNIFORM BUSINESS REPORT (UBR)

0106628 AT

10/2

DOCUMENT # F00000002891

1. Entity Name
NFPS, INC.

FILED

01 AUG -6 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
301 SOUTH COLLEGE STREET
CHARLOTTE NC 28288-0630

Mailing Address
301 SOUTH COLLEGE STREET
CHARLOTTE NC 28288-0630

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 56-2172683

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BATEMAN, WILLIAM M
STREET ADDRESS 301 SOUTH COLLEGE STREET
CITY-ST-ZIP CHARLOTTE NC 28288-0630 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 500004518375--8 ☐ Change ☐ Addition

TITLE V
NAME ANDERSEN, ROBERT L
STREET ADDRESS 301 SOUTH COLLEGE STREET
CITY-ST-ZIP CHARLOTTE NC 28288-0630 ☐ Delete

TITLE Senior Vice President
NAME ANDERSEN, ROBERT L
STREET ADDRESS 301 SOUTH COLLEGE STREET
CITY-ST-ZIP CHARLOTTE NC 28288-0630 ☒ Change ☐ Addition

TITLE S
NAME MILLER, JERRY M JR.
STREET ADDRESS 301 SOUTH COLLEGE STREET
CITY-ST-ZIP CHARLOTTE NC 28288-0630 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CD
NAME LEMBO, KEITH D
STREET ADDRESS 301 SOUTH COLLEGE STREET
CITY-ST-ZIP CHARLOTTE NC 28288-0630 ☒ Delete

TITLE Director
NAME WATKINS, MICHAEL A
STREET ADDRESS 301 SOUTH COLLEGE STREET
CITY-ST-ZIP CHARLOTTE NC 28288-0630 ☐ Change ☒ Addition

TITLE D
NAME HATCH, JAMES H
STREET ADDRESS 301 SOUTH TRYON STREET
CITY-ST-ZIP CHARLOTTE NC 28288-0201 ☐ Delete

TITLE SVP & TREASURER
NAME HATCH, JAMES H
STREET ADDRESS 301 SOUTH TRYON STREET
CITY-ST-ZIP CHARLOTTE NC 28288-0201 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Robert L. Andersen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/01
Date

704-374-6611
Daytime Phone #

CR2E034 (5/01)



202

ACCOUNT NO. : 072100000032

REFERENCE : 385238 167868A

AUTHORIZATION :

COST LIMIT : \$ 550.00

Patricia Pizant

ORDER DATE : August 3, 2001

ORDER TIME : 4:16 PM

ORDER NO. : 385238-030

CUSTOMER NO: 167868A

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 AUG -6 AM 8:35
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

CUSTOMER: Ms. Jennifer Chavis
First Union Corporation
One First Union Center, Nc0630
Legal Division-31st Floor
Charlotte, NC 28288-0630

ANNUAL REPORT FILING

NAME: NFPS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson - Ext. 1155

EXAMINER'S INITIALS: _____