

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90023 025 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # F00000007044</b> 1. Entity Name <b>CENTRAL PARKING SYSTEM OF NORTH CAROLINA, INC.</b>					
Principal Place of Business <b>2401 21ST AVENUE SOUTH STE. 200 NASHVILLE, TN 37212</b>			Mailing Address <b>2401 21ST AVENUE SOUTH STE. 200 NASHVILLE, TN 37212</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>62-1566823</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City			
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. I am familiar with, and accept the obligations of registered agent.		SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>ABBOTT, HENRY J</b> <b>2401 21ST AVE S. #200</b> <b>NASHVILLE, TN 37212</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <b>Hill, John</b> <b>2401 21st Ave S #200</b> <b>Nashville, TN 37212</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <b>EADS, EMMANUEL</b> <b>2401 21ST AVE S. #200</b> <b>NASHVILLE, TN 37212</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <b>Woodward, Gordon</b> <b>2401 21st Ave S #200</b> <b>Nashville, TN 37212</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <b>CARELL, MONROE J JR.</b> <b>2401 21ST AVENUE SOUTH</b> <b>NASHVILLE, TN 37212</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <b>Hollander, Seth</b> <b>2401 21st Ave S #200</b> <b>Nashville, TN 37212</b>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <b>HEAVRIN, JEFF</b> <b>2401 21ST AVE S</b> <b>NASHVILLE, TN 37212</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <b>Frieder, Samuel</b> <b>2401 21st Ave S #200</b> <b>Nashville, TN 37212</b>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>WOODS, DAWN</b> <b>2401 21ST AVE S., STE 200</b> <b>NASHVILLE, TN 37212</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <b>Halpern, Paul</b> <b>2401 21st Ave S #200</b> <b>Nashville, TN 37212</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-23-08</b> Daytime Phone # <b>615-292-4255</b>			

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