


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1052

0146254 AB

DOCUMENT # F02000004327

1. Entity Name
FEFCO, INC.



FILED

03 SEP -9 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**6400 FAIRVIEW ROAD
CHARLOTTE NC 28222-0748**

Mailing Address
**6400 FAIRVIEW ROAD
CHARLOTTE NC 28222-0748**

2. Principal Place of Business
6400 Fairview Road-
Suite, Apt. #, etc.

3. Mailing Address
c/o Corporation Service Company
Suite, Apt. #, etc.
2711 Centerville Rd. Ste 400

City & State
Charlotte, NC

City & State
Wilmington DE

Zip
28210-3237

Country
USA

Zip
19808

Country
USA

4. FEI Number
56-2115327

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PC	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, CAMERON M	
STREET ADDRESS	6400 FAIRVIEW ROAD	
CITY-ST-ZIP	CHARLOTTE NC 28222-0784	
TITLE	VPVC	<input type="checkbox"/> Delete
NAME	LINK, M. EUGENE	
STREET ADDRESS	6400 FAIRVIEW ROAD	
CITY-ST-ZIP	CHARLOTTE NC 28222-0784	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RICHARD, WILLIAM A JR	
STREET ADDRESS	6400 FAIRVIEW ROAD	
CITY-ST-ZIP	CHARLOTTE NC 28222-0784	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JONES, LAWRENCE W	
STREET ADDRESS	6400 FAIRVIEW ROAD	
CITY-ST-ZIP	CHARLOTTE NC 28222-0784	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard William A Jr.	
STREET ADDRESS	6400 Fairview Road	
CITY-ST-ZIP	Charlotte, NC 28210	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel Glassberg	
STREET ADDRESS	301 S. College Street 31st Floor	
CITY-ST-ZIP	Charlotte, NC 28288	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel Glassberg* **Daniel Glassberg, SVP & Secretary** 704-383-4902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)



CORPORATION SERVICE COMPANY™

20f2

ACCOUNT NO. : 072100000032

REFERENCE : 234762 167868A

AUTHORIZATION : *Patricia Pajito*

COST LIMIT : \$ 550.00

ORDER DATE : September 9, 2003

ORDER TIME : 2:28 PM

ORDER NO. : 234762-015

CUSTOMER NO: 167868A

CUSTOMER: Ms. Carla Bretz
Wachovia Corporation
One Wachovia Center, Nc0630
301 South College Street-30th
Charlotte, NC 28288-0630

ANNUAL REPORT FILING

FEFCO, Inc

NAME: ~~TRSTE II, INC.~~

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan-EXT#1155

EXAMINER'S INITIALS: _____

RECEIVED
03 SEP -9 PM 4:18
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA