

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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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**

CHECK HERE IF MAKING CHANGES

City & State  
**Charlotte, NC**

City & State  
**Wilmington DE**

4. FEI Number  
**56-2115327**

Applied For  
 Not Applicable

Zip  
**28210-3237**

Country  
**USA**

Zip  
**19808**

Country  
**USA**

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 Pajuts*  
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  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA