

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000006282**

1. Entity Name  
**TIER II TECHNOLOGIES, INC.**

Principal Place of Business  
**3101 INTERNATIONAL AIRPORT DRIVE  
SUITE 400  
CHARLOTTE, NC 28208**

Mailing Address  
**P.O. BOX 38706  
CHARLOTTE, NC 28278**



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-2217992**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BUSINESS FILINGS INC.  
660 EAST JEFFERSON STREET  
TALLAHASSEE, FL 32301-0000**

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**U000000075369  
03/03/04-80055-025 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES  
DIFIORE, ANTHONY M  
11829 WITHERS MILL DRIVE  
CHARLOTTE, NC 28287**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO  
PAYNE, BOBBY R  
3184 CREEK TRACE WEST  
HIRM, GA. 30141**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
BASS, JEANETTE  
9121 SWALLOWTAIL LN  
CHARLOTTE, NC 28269**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Harriette Tracie*

**2-20-04**

**704 947 0464**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #