

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90044 028 ***150.00

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02202008 Chg-P CR2E034 (12/06)

4. FEI Number
58-2256315

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COO
NIXON, PETER G
521 E. MOREHEAD STREET, SUITE 250
CHARLOTTE, NC 28202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COO
HOOD, LISA R
908 W FRONTVIEW
DODGE CITY, KA 67801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSGC
LINN, SHIRLEY J
521 E. MOREHEAD STREET, SUITE 250
CHARLOTTE, NC 28202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
GRIFFIN, THOMAS E
521 E. MOREHEAD STREET, SUITE 250
CHARLOTTE, NC 28202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
JOHNSON, EUGENE B
521 E. MOREHEAD STREET, SUITE 250
CHARLOTTE, NC 28202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VAS
SOWELL, SUSAN L
521 E. MOREHEAD STE 250
CHARLOTTE, NC 28202 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVPSFO
John P Crowley
521 E Morehead, STE 250
Charlotte, NC 28202 ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPASAGC ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Lisa R. Hood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/08

620.227.4400

Date Daytime Phone