

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90245 033 ***150.00

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1. Entity Name

TAX MANAGEMENT ASSOCIATES, INC.



Principal Place of Business

2225 CORONATION BLVD.
CHARLOTTE, NC 28227

Mailing Address

P.O. BOX 17128
CHARLOTTE, NC 28227

DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number

56-1507131

Applied For

Not Applicable

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

**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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	COOKE, RICHARD H SR.
STREET ADDRESS	2225 CORONATION BLVD.
CITY-ST-ZIP	CHARLOTTE, NC 28227
TITLE	V
NAME	TUCKER, THOMAS L
STREET ADDRESS	2225 CORONATION BLVD.
CITY-ST-ZIP	CHARLOTTE, NC 28227
TITLE	STD
NAME	LOHER, BRIAN H
STREET ADDRESS	2225 CORONATION BLVD.
CITY-ST-ZIP	CHARLOTTE, NC 28227
TITLE	CD
NAME	COOKE, RICHARD H SR.
STREET ADDRESS	2225 CORONATION BLVD.
CITY-ST-ZIP	CHARLOTTE, NC 28227
TITLE	D
NAME	COOKE, RICHARD H JR.
STREET ADDRESS	2225 CORONATION BLVD.
CITY-ST-ZIP	CHARLOTTE, NC 28227
TITLE	D
NAME	COOKE, MARK C.
STREET ADDRESS	2225 CORONATION BLVD.
CITY-ST-ZIP	CHARLOTTE, NC 28227

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN H. LOHER

Date

1/10/06

Daytime Phone #

704-847-1234