2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005939

HEBNER, DAVID A

901 E. BYRD STREET

RICHMOND, VA 232194069

Name:

Address:

City-St-Zip:

Entity Name: EVEREN CAPITAL CORPORATION

FILED Mar 16, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 301 SOUTH COLLEGE STREET CHARLOTTE, NC 28288 **Current Mailing Address: New Mailing Address:** C/O CORPORATION SERVICE COMPANY 2711 CENTERVILLE RD., SUITE 400 WILMINGTON, DE 19808 FEI Number: 36-4019175 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ILARIO, SCOTT Name: Name: 301 SOUTH COLLEGE STREET Address: Address: City-St-Zip: CHARLOTTE, NC 28288 City-St-Zip: Title: Title: () Delete () Change () Addition Name: BALLANTINE, JACQUELINE A Name: 123 SOUTH BROAD ST., 17TH FL, PA4840 Address: Address: PHILADELPHIA, PA 19109 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition SCHWARTZ, WILLIAM H Name: Name: 123 SOUTH BROAD ST., 17TH FL, PA4840 Address: Address: City-St-Zip: PHILADELPHIA, PA 19109 City-St-Zip: Title: SCD () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM H. SCHWARTZ AVP 03/16/2007