

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # F06000006771

1. Entity Name
CHARTER BANK



Principal Place of Business
**2130 EUBANK BOULEVARD, NE
ALBUQUERQUE, NM 87711-2**

Mailing Address
**P.O. BOX 11519
ALBUQUERQUE, NM 87192**



01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 85-0348378	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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. **N/A**

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

**U000000851022
03/25/08-80021-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	WERTHEIM, ROBERT
STREET ADDRESS	2130 EUBANK BOULEVARD, NE
CITY-ST-ZIP	ALBUQUERQUE, NM 87112
TITLE	PCEO
NAME	WERTHEIM, GLENN R
STREET ADDRESS	2130 EUBANK BOULEVARD, NE
CITY-ST-ZIP	ALBUQUERQUE, NM 87112
TITLE	EVP
NAME	CUMMINS, RUSSELL D
STREET ADDRESS	2130 EUBANK BOULEVARD, NE
CITY-ST-ZIP	ALBUQUERQUE, NM 87112
TITLE	EVP
NAME	GREENBERG, LYLE
STREET ADDRESS	2130 EUBANK BOULEVARD, NE
CITY-ST-ZIP	ALBUQUERQUE, NM 87112
TITLE	CEO
NAME	WERTHEIM, GLENN R
STREET ADDRESS	2130 EUBANK BOULEVARD, NE
CITY-ST-ZIP	ALBUQUERQUE, NM 87112
TITLE	VS
NAME	RICKETTS, KAY
STREET ADDRESS	2130 EUBANK BOULEBARD, NE
CITY-ST-ZIP	ALBUQUERQUE, NM 87112

**DO NOT WRITE
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

3/3/08 505-291-3007

Date

Daytime Phone #