

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000001843

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Entity Name:** AMERITRUST MORTGAGE OF NORTH CAROLINA, INC.

**Current Principal Place of Business:**

15009 LANCASTER HWY.  
CHARLOTTE, NC 28277

**New Principal Place of Business:**

**Current Mailing Address:**

15009 LANCASTER HWY.  
CHARLOTTE, NC 28277

**New Mailing Address:**

**FEI Number:** 20-8510363

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR  
STE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

**Title:** PST  
**Name:** OWENS, STEPHANIE R  
**Address:** 204 EAGLE BEND DR  
**City-St-Zip:** WAXHAW, NC 28173

**Title:** VP  
**Name:** HILTON, TIMOTHY L  
**Address:** 10013 STRIKE THE GOLD LANE  
**City-St-Zip:** WAXHAW, NC 28173

**Title:** SEC  
**Name:** EDBERG, GARY D  
**Address:** 905 OPENGATE LANE  
**City-St-Zip:** WAXHAW, NC 28173

**Title:** CEO  
**Name:** OWENS, JOHN J  
**Address:** 204 EAGLE BEND DR  
**City-St-Zip:** WAXHAW, NC 28173

I hereby 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 all other like empowered.

**SIGNATURE:** GARY D. EDBERG

SEC

02/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date