

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # F71968**1. Entity Name
CITIZENS FINANCIAL SECURITIES CORPORATION**Principal Place of Business**401 N. TRYON STREET NC1-021-03-09
C/O CORPORATE TAX
CHARLOTTE
28255 US NC**Mailing Address**401 N. TRYON STREET NC1-021-03-09
C/O CORPORATE TAX
CHARLOTTE
28255 US NC**2. Principal Place of Business**

401 N TRYON STREET

3. Mailing Address

401 N TRYON ST

Suite, Apt. #, etc.

NC1-021-02-20

Suite, Apt. #, etc.

NC1-021-02-20

City & State

CHARLOTTE NC

City & State

CHARLOTTE NC

Zip

28255

Country

US

Zip

28255

Country

US

4. FEI Number**59-2169969**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCAMNER, ALFRED R.
1221 BRICKELL AVENUE (25TH FLOOR)MIAMI FL
33131 US**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

05/01/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	VP	<input type="checkbox"/> Delete
NAME	SMITH DUANE L	
STREET ADDRESS	401 N. TRYON ST	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	S	<input type="checkbox"/> Delete
NAME	LUCAS MARY-ANN	
STREET ADDRESS	401 N. TRYON STREET NC1-021-03-09	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	P	<input type="checkbox"/> Delete
NAME	SINK ADELAIDE A.	
STREET ADDRESS	401 N. TRYON STREET NC1-021-03-09	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MALLARD LARRY W.	
STREET ADDRESS	401 N. TRYON ST	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOWMAN RITA J	
STREET ADDRESS	401 N TRYON ST, %CORPORATE TAX	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWMAN RITA J	
STREET ADDRESS	401 N TRYON ST NC1-021-02-20	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLARD LARRY W	
STREET ADDRESS	401 N TRYON ST NC1-021-02-20	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS MARY-ANN	
STREET ADDRESS	401 N TRYON ST NC1-021-02-20	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MROZ GREG S	
STREET ADDRESS	401 N TRYON ST NC1-021-02-20	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINK ADELAIDE A	
STREET ADDRESS	401 N TRYON ST NC1-021-02-20	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREG S MROZ**SVP****05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)