

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F92000000848 (3)

1. Corporation Name  
MAE VENTURES, INC.

Principal Place of Business  
ONE INSIGNIA FINANCIAL PLAZA  
GREENVILLE SC 29601  
US

Mailing Address  
P.O. BOX 1088  
GREENVILLE SC 29602-1088



3. Date Incorporated or Qualified 12/22/1992  
3a. Date of Last Report 04/16/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

57-0966622

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	URETTA, RONALD	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	
CITY - ST - ZIP	GREENVILLE SC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JARRAD, WILLIAM H. JR	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	
CITY - ST - ZIP	GREENVILLE SC	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BUECHLER, KELLEY M	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	
CITY - ST - ZIP	GREENVILLE SC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LINES, JOHN K.	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	
CITY - ST - ZIP	GREENVILLE SC	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	VINSON, CARROLL D.	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	
CITY - ST - ZIP	GREENVILLE SC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LONG, ROBERT D. JR	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	
CITY - ST - ZIP	GREENVILLE SC	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Robert D. Long*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

(864) 239-1000

Date

Daytime Phone #

0010851

CR2E034 (9/96)