

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002698

1. Entity Name

DSATLANTIC CORPORATION

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90063 041 ***558.75

Principal Place of Business

801 JONES FRANKLIN RD.
 SUITE 300
 RALEIGH NC 27606

Mailing Address

801 JONES FRANKLIN RD.
 SUITE 300
 RALEIGH NC 27606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-1546945

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 SO. PINE ISLAND ROAD
 PLANTATION FL 33324

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)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
 NAME LILES, HENRY V JR.
 STREET ADDRESS 801 JONES FRANKLIN RD.
 CITY-ST-ZIP RALEIGH NC 27606

TITLE SVD ☐ Change ☒ Addition
 NAME Porcher, Joel P.
 STREET ADDRESS 990 Morrison Dr.
 CITY-ST-ZIP Charleston, SC 29403

TITLE EXVD ☐ Delete
 NAME HAYES, SAMUEL W
 STREET ADDRESS 801 JONES FRANKLIN RD.
 CITY-ST-ZIP RALEIGH NC 27606

TITLE PD ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE CD ☐ Delete
 NAME RICHARDSON, ELMO A JR, PE
 STREET ADDRESS 4875 RIVERSIDE DRIVE
 CITY-ST-ZIP MACON GA 31210-1117

TITLE SVD ☐ Change ☒ Addition
 NAME Phelps, Thomas L.
 STREET ADDRESS 801 Jones Franklin Rd., Ste. 300
 CITY-ST-ZIP Raleigh, NC 27606

TITLE V ☐ Delete
 NAME AVETTA, PETER E
 STREET ADDRESS 7820 N. POINT BLVD., STE. 200
 CITY-ST-ZIP WINSTON SALEM NC 27106

TITLE VD ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 150 Oak Plaza Blvd., Suite 200
 CITY-ST-ZIP Winston-Salem, NC 27105

TITLE SVD ☒ Delete
 NAME ISRAELNAIM, MORRIS
 STREET ADDRESS 801 JONES FRANKLIN RD.
 CITY-ST-ZIP RALEIGH NC 27606

TITLE SVD ☐ Change ☒ Addition
 NAME Garretson, Garry
 STREET ADDRESS 4875 Riverside Drive
 CITY-ST-ZIP Macon, GA 31210-1117

TITLE SVD ☐ Delete
 NAME JONES, WILLIAM M
 STREET ADDRESS 8001 FRANKLIN FARMS DRIVE
 CITY-ST-ZIP RICHMOND VA 23229

TITLE SVD ☐ Change ☒ Addition
 NAME Knowles, William T.
 STREET ADDRESS 1370 Browning Rd., Suite 130
 CITY-ST-ZIP Columbia, SC 29210

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:

[Signature]
 Samuel W. Hayes, President and COO

7-20-00

919-851-6866

Date

Daytime Phone #

CR2E034 (5/00)