

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000520

FILED
Feb 07, 2012
Secretary of State

Entity Name: LS3P ASSOCIATES LTD. CORPORATION

Current Principal Place of Business:

205 1/2 KING STREET
CHARLESTON, SC 29401

New Principal Place of Business:

Current Mailing Address:

205 1/2 KING STREET
ATTN: BETTY H. KUNREUTHER
CHARLESTON, SC 29401

New Mailing Address:

227 #700 WEST TRADE STREET
ATTN: ANGELA NAVY
CHARLOTTE, NC 28202-169 US

FEI Number: 57-0475651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: VP
Name: PEELE, KATHERINE N FAIA
Address: 434 FAYETTEVILLE ST; SUITE1700
City-St-Zip: RALEIGH, NC 27601

Title: PCEO
Name: PENNEY, THOMPSON E FAIA
Address: 205 1/2 KING ST.
City-St-Zip: CHARLESTON, SC 29401

Title: EVPS
Name: BAKER, SUSAN C AIA
Address: 227 WEST TRADE STREET, SUITE 700
City-St-Zip: CHARLOTTE, NC 28202 US

Title: CSO
Name: BONEY, PAUL D FAIA
Address: 434 FAYETTEVILLE ST; SUITE 1700
City-St-Zip: RALEIGH, NC 27601

Title: COB
Name: TRIBBLE, MICHAEL FAIA
Address: 227 WEST TRADE STREET; STE 700
City-St-Zip: CHARLOTTE, NC 28202

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: SUSAN C. BAKER, AJN

EVPS

02/07/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date