

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # F95000003840 (4)

1. Corporation Name

LIEBER I CORP.



Principal Place of Business

Mailing Address

**2500 WESTCHESTER AVE.
PURCHASE NY 10577**

**2500 WESTCHESTER AVE.
PURCHASE NY 10577**

3. Date Incorporated or Qualified

3a. Date of Last Report

08/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

56-1872373

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 date if applicable

(NFI) Registered Agent signature required when re-appointing

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	COLVIN, BARBARA J	
STREET ADDRESS	301 S. COLLEGE ST.	
CITY - ST - ZIP	CHARLOTTE NC 28288	
TITLE	CP	<input type="checkbox"/> DELETE
NAME	WAGONER, RICHARD K	
STREET ADDRESS	301 S. COLLEGE ST.	
CITY - ST - ZIP	CHARLOTTE NC 28288	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COWELL, MARION A JR.	
STREET ADDRESS	301 S. COLLEGE ST.	
CITY - ST - ZIP	CHARLOTTE NC 28288	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ANDERSEN, ROBERT L	
STREET ADDRESS	301 S. COLLEGE ST.	
CITY - ST - ZIP	CHARLOTTE NC 28288	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HATHAWAY, KENT S	
STREET ADDRESS	301 S. COLLEGE ST.	
CITY - ST - ZIP	CHARLOTTE NC 28288	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HATCH, JIM H	
STREET ADDRESS	301 S. COLLEGE ST.	
CITY - ST - ZIP	CHARLOTTE NC 28288	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Barbara J. Colvin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA J. COLVIN

7/30/96

(704) 383-5729

Date

Telephone Number

CR2E034 (3/96)