

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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90120 034 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003840

1. Corporation Name
LIEBER I CORP.

Principal Place of Business
**2500 WESTCHESTER AVE.
PURCHASE NY 10577**

Mailing Address
**TWO FIRST UNION CTR 200
CHARLOTTE NC 28288-0200
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1995

4. FEI Number

56-1872373

Applied For

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

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
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCEO** ☐ DELETE

NAME **WAGONER, RICHARD K**
STREET ADDRESS **ONE FIRST UNION CENTER**
CITY-ST-ZIP **CHARLOTTE NC 28288**

TITLE **VP** ☐ DELETE

NAME **REED, DAVID**
STREET ADDRESS **TWO FIRST UNION CENTER**
CITY-ST-ZIP **CHARLOTTE NC 28288-0200**

TITLE **T** ☐ DELETE

NAME **HATCH, JAMES H**
STREET ADDRESS **TWO FIRST UNION CENTER**
CITY-ST-ZIP **CHARLOTTE NC 28288**

TITLE **S** ☐ DELETE

NAME **HATHAWAY, KENT S**
STREET ADDRESS **TWO FIRST UNION CENTER**
CITY-ST-ZIP **CHARLOTTE NC 28288**

TITLE **D** ☐ DELETE

NAME **WAGONER, RICHARD K.**
STREET ADDRESS **1 FIRST UNION CTR**
CITY-ST-ZIP **CHARLOTTE NC**

TITLE **D** ☐ DELETE

NAME **COLVIN, BARBARA J.**
STREET ADDRESS **1 FIRST UNION CTR**
CITY-ST-ZIP **CHARLOTTE NC**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

JOHN L. CHEBUL

2/9/99

(704) 374-6841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

1716847-90120-34
F95000003840

1999 PROFIT CORPORATION ANNUAL REPORT
LIEBER I CORP
FEI Number: 56-1872373
SIGNATURE ATTACHMENT

SIGNING OFFICER NAME, TITLE, AND ADDRESS

JOHN T. CHEPUL
CORPORATE TAX OFFICER
TWO FIRST UNION CENTER, NC0200
CHARLOTTE, NC 28288
