

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003840

1. Entity Name

LIEBER I CORP.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90062 045 \*\*\*150.00

Principal Place of Business 2500 WESTCHESTER AVE. PURCHASE NY 10577	Mailing Address TWO FIRST UNION CTR 200 CHARLOTTE NC 28288 US
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2. Principal Place of Business ONE FIRST UNION CENTER Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State CHARLOTTE NC	City & State
Zip 28288	Country USA

4. FEI Number 56-1872373	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WAGONER, RICHARD K ONE FIRST UNION CENTER CHARLOTTE NC 28288 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REED, DAVID TWO FIRST UNION CENTER CHARLOTTE NC 28288-0200 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HATCH, JAMES H TWO FIRST UNION CENTER CHARLOTTE NC 28288 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HATHAWAY, KENT S TWO FIRST UNION CENTER CHARLOTTE NC 28288 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGONER, RICHARD K. 1 FIRST UNION CTR CHARLOTTE NC <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLVIN, BARBARA J. 1 FIRST UNION CTR CHARLOTTE NC <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DONALD A. McMULLEN TWO FIRST UNION CENTER CHARLOTTE, NC 28288 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUG MUNN ONE FIRST UNION CENTER CHARLOTTE, NC 28288 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM M. ENNIS ONE FIRST UNION CENTER CHARLOTTE NC 28288 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: David W. Reed DAVID W. REED 4-19-00 704-374-6841  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)