FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000004609 (2)**

1. Corporation Name

SUMMIT FINANCING INC.

Principal Place of Business	Mailing Address
212 S. TRYON ST., STE. 500 CHARLOTTE NC 28281	212 S. TRYON ST., STE. 500 CHARLOTTE NC 28281

2. Principal Place of Business 21	2a. Mailing Address 26
Street Address 22	Street Address 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **09/21/1995** | 3a. Date of Last Report:

4. FEI Number: ~~APPLIED FOR~~ 56-1940828 | ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 Section 607.0502 or (607.1503) 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CVT	☐ DELETE	1.1 TITLE	EXEC. VICE PRES/ TREA	☑ Change ☐ Addition
NAME	SCHWARZ, MICHAEL L		1.2 NAME		
STREET ADDRESS	212 S. TRYON ST., STE. 500		1.3 STREET ADDRESS		
CITY, ST, ZIP	CHARLOTTE NC 28281		1.4 CITY, ST, ZIP		
TITLE	CVS	☐ DELETE	2.1 TITLE	SENIOR VICE PRES. /SECRETARY	☑ Change ☐ Addition
NAME	MALONE, MICHAEL G		2.2 NAME		
STREET ADDRESS	212 S. TRYON ST., STE. 500		2.3 STREET ADDRESS		
CITY, ST, ZIP	CHARLOTTE NC 28281		2.4 CITY, ST, ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	DAVENPORT, STEPHEN H JR.		3.2 NAME		
STREET ADDRESS	313 N. FRONT ST.		3.3 STREET ADDRESS	212 S. TRYON ST., STE 500	
CITY, ST, ZIP	WILMINGTON NC 28401		3.4 CITY, ST, ZIP	CHARLOTTE, NC 28281	
TITLE	P	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	PAULSEN, WILLIAM F		4.2 NAME		
STREET ADDRESS	313 N. FRONT ST.		4.3 STREET ADDRESS	212 S. TRYON ST., STE 500	
CITY, ST, ZIP	WILMINGTON NC 28401		4.4 CITY, ST, ZIP	CHARLOTTE, NC 28281	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY, ST, ZIP			5.4 CITY, ST, ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY, ST, ZIP			6.4 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)(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.

SIGNATURE: 1-15-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E034 (12/95)