

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005827

1. Entity Name

WICKES ASSET MANAGEMENT, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90308 034 ***150.00

Principal Place of Business

Mailing Address

701 MCCULLOUGH DR.
 CHARLOTTE NC 28262

P.O. BOX 32665
 CHARLOTTE NC 28232-2665

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **95-4030704**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
 NAME **VD STEPP, MICHAEL J.**
 STREET ADDRESS **701 MCCULLOUGH DR.**
 CITY-ST-ZIP **CHARLOTTE NC 28262**

TITLE ☒ Change ☐ Addition
 NAME **Vacant**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **SAV ORGAIN, JOHN B IV**
 STREET ADDRESS **701 MCCULLOUGH DR.**
 CITY-ST-ZIP **CHARLOTTE NC 28262**

TITLE ☒ Change ☐ Addition
 NAME **Vacant**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T MAHEDY, DENNIS A.**
 STREET ADDRESS **701 MCCULLOUGH DR.**
 CITY-ST-ZIP **CHARLOTTE NC 28262**

TITLE ☒ Change ☐ Addition
 NAME **Charles G. Nichols**
 STREET ADDRESS **701 McCullough Drive**
 CITY-ST-ZIP **Charlotte, NC 28262**

TITLE ☐ Delete
 NAME **AS WHITE, EUGENE A.**
 STREET ADDRESS **701 MCCULLOUGH DR.**
 CITY-ST-ZIP **CHARLOTTE NC 28262**

TITLE ☒ Change ☐ Addition
 NAME **VP-Taxes**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **AS BRIGMAN, JOHN A**
 STREET ADDRESS **701 MCCULLOUGH DR**
 CITY-ST-ZIP **CHARLOTTE NC 28262**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **AS GASK, SHEILA**
 STREET ADDRESS **701 MCCULLOUGH DR.**
 CITY-ST-ZIP **CHARLOTTE NC 28262**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Nichols
Eugene A. White

Date

Daytime Phone #

704-547-8500

CR2E034 (9/99)