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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000003734 (8)

MIST FINANCIAL CORP.

## **FILED** May 01 1998 8:00am Secretary of State



| Principal Place  | e of Business   | Mailing Address   |                               |  |   |                       |  |
|--|---|---|-------------------------------|--|---|-----------------------|--|
| 455 8. GULPI   |   | 455 S. GULPH ROAD   |                               |  |   |                       |  |
| PO BOX 62050   |   | PO BOX 62050  |                               |  | DO NOT WRITE IN THIS SPACE  |                       |  |
| KING OF PRUSSIA PA 19406   |   | KING OF PRUSSIA PA 19406                                  |                               |  | Date Incorporated or Qualified  |                       |  |
|  |   |   |                               |  | 07/23/1996  |                       |  |
| 2. Principal Pl  | ace of Business   | 2a. Mailing Address                                       |                               |  |   | ed For                |  |
| 6000 MONROE ROAD,  |   | 26 6000 MONROE ROAD                                       |                               |  |   | pplicable             |  |
| Sulte, Apt. #, etc.  |   | Suite, Apt. #, etc.                                       |                               |  | - \$8.75 Add  | ditional              |  |
| 22 SUITE 100   |   | 27 SUITE 100  |                               |  | 5. Certificate of Status Desired Fee Requ   | ired                  |  |
| City & State   |   | City & State  |                               |  | 6. Election Campaign Financing \$5.00 May Be  |                       |  |
| 23 CHARLOTTE, NORTH CAROLINA   |   | 28 CHARLOTTE, NORTH CAROLIN                               |                               |  | NA Trust Fund Contribution Added to Fees  |                       |  |
| Zip  |   |   |                               |  | 8. This corporation owes or has paid the current year Intang  | ·                     |  |
| 24 28212   | 25  USA   | 29 28212  | 30 U                          | SA   | Personal Property Tax due June 30. Yes  | No                    |  |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent |   |   |                               |  |   |                       |  |
| C T CORPORATION SYSTEM   |   |   |                               | 81 Name  |   |                       |  |
| 1200 SOUTH PINE ISLAND ROAD  |   |   | 82                            | Street Addre   | Address (P.O. Box Number is Not Acceptable)   |                       |  |
| PLANTATION FL 33324  |   |   | 8:                            | <del> </del>   |   |                       |  |
|  |   |   | 8.                            | 1  |   |                       |  |
|  |   |   | 84                            | City   | <b>■ 85</b> 7in Co.   | de [                  |  |
|  |   | n ne en contra en Enm <del>ologia do</del>                |                               | <u> </u>   | FL   °   ' · · · · · ·  |                       |  |
| 11. Pursuant t   | t <b>o the</b> provisions of Sections 607.0502<br>e <b>alste</b> red agent, or both, in the State c | and 607-1508, Florida Statu<br>J Florida: Such change was | ites, the abo<br>authorized b | re-named corporations the corporation of the corpor | oration submits this statement for the purpose of changing its re<br>ion's board of directors. I hereby accept the appointment as reg | egistered<br>gistered |  |
| agent, 1 ar  | m familiar with, and accept the obligat   | ions of, Section 607.0505, F                              | lorida Statute                | s  |   |                       |  |
| SIGNATURE .  |   |   |                               | ent signature require  | ed when reinstalling) CATE  | <u></u>               |  |
| 12.  | Signature: typed or present name of requirers Layen! OFFICERS AND                                   |   | 13.                           | jeni signaturo recente   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I   | N 12                  |  |
| TITLE  | P   | DELETE  | 1.1 TITLE                     | P  |   | Addition              |  |
| NAME   | CONNER, JAMES R   |   | 1.2 NAME                      |  | JAMES F. HUZL   |                       |  |
| STREET ADDRESS   | i ara tan managaran   |   |                               | , .  | 5000 MONROE ROAD, SUITE 100   | 1                     |  |
| CITY-ST-ZIP  | CAND DAMPO DA   |   | 1.4 CITY                      |  | CHARLOTTE, NC 28212   |                       |  |
| TITLE  | VS  | DELETE  | 2.1 TITLE                     |  |   | Addition              |  |
| NAME   | EKLUND, DEBORAH   |   | 2.2 NAME                      |  | MARY G. WALLACE   |                       |  |
| STREET ADDRESS   | 4005 SMOKE ROAD   |   | 2.3 STREE                     | ſ  | 5000 MONROE ROAD, SUITE 100   | i                     |  |
| CITY-ST-ZIP DOYLESTOWN PA 18901  |   |   | 2 4 CITY-ST-ZIP               |  | CHARLOTTE, NC 28212   |                       |  |
| TITLE  | V   | DELETE  | 3.1 THLE                      |  |   | Addition              |  |
| NAME   | FARRELL, PATRICK J  |   | 3.2 NAME                      |  | V.O. MUSGRAVE   |                       |  |
| STREET ADDRESS   | 2916 PHEASANT RUN ROAD  |   | 3.3 STREE                     | T ADDRESS 6  | 5000 MONROE ROAD, SUITE 100   |                       |  |
| CITY-ST-ZIP  | AUDUBON PA 19403  |   | 3.4. CITY                     | S1-ZIP C   | CHARLOTTE, NC 28212   |                       |  |
| TITLE  | VAS   | DELETE  | 4.1 TITLE                     |  | INDIADOREK 1000   | Addition              |  |
| NAME   | MALLORY, LETITIA  |   | 4. 2 NAM                      | : M  | MARY G. WALLACE   |                       |  |
| STREET ADDRESS   | 223 UPPER GULPH ROAD  |   | 4.3 STREE                     | TADDRESS 6   | 5000 MONROE ROAD, SUITE 100   |                       |  |
| CITY-ST-ZIP  | STRAFFORD PA 19087  |   | 4.4 CITY-                     | ST-ZIP C   | CHARLOTTE, NC 28212   | <del></del>           |  |
| TITLE  | <del></del>   |   | 5.1 TITLE                     |  | DIRECTOR XX Change [  | Addition              |  |
| NAME   | POMERANTZ, ERNEST H   | •   | 5.2 NAME                      |  | J.C. PERKINS  |                       |  |
| STREET ADDRESS   | 1   |   | 5.3 STREET ADDRESS            |  | 6000 MONROE ROAD, SUITE 100<br>CHARLOTTE, NC 28212  |                       |  |
| CITY-ST-ZIP  |   |   | 5.4 CITY                      | S1-ZIP   |   |                       |  |
| TITLE  |   | ☐ DELETE  | G.1 TITLE                     |  | L) Change L   | Addition              |  |
| NAME   |   |   | 6.2 NAME                      |  |   |                       |  |
| STREET ADDRESS   |   |   | 6.3 STREE                     | T ADDRESS  |   |                       |  |
| CITY-ST-ZIP  |   | ·   | 6 4 CITY                      | ST-ZIP   |   |                       |  |

14. Thereby 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 is rup 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 trusted employered 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 attaching it with an address.