

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # F97000004497

1. Entity Name
FCD-1997 G.P., INC.



Principal Place of Business
121 W TRADE ST.
27TH FLOOR
CHARLOTTE, NC 28202

Mailing Address
121 W TRADE ST.
27TH FLOOR
CHARLOTTE, NC 28202



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2024969

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FAISON, HENRY J 121 W TRADE ST 27TH FLOOR CHARLOTTE, NC 28202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORWOOD, PHILIP W 121 W TRADE ST 27TH FLOOR CHARLOTTE, NC 28202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACKSON, ALLEN S JR 121 W TRADE ST 27TH FLOOR CHARLOTTE, NC 28202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT POPLIN, CHRIS M 121 W TRADE ST 27TH FLOOR CHARLOTTE, NC 28202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FARMER, NANCY L 121 W. TRADE ST, SUITE 2550 CHARLOTTE, NC 28202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS NELSON, SHAWN L 121 W TRADE ST 27TH FLOOR CHARLOTTE, NC 28202

U00000538294
01/25/07-80005-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nancy L. Farmer

NANCY L. FARMER
ASSISTANT SECRETARY

1/1/07

704-972-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #