

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

10090353

<b>DOCUMENT # F97000004958</b> 1. Entity Name <b>CHARLESTON PREMIUM FINANCE COMPANY</b>			
Principal Place of Business 3035 S. CHURCH STREET BURLINGTON, NC 27216		Mailing Address 3035 S. CHURCH STREET PO BOX 286 BURLINGTON, NC 27216	
2. Principal Place of Business <b>3060 S. CHURCH ST.</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO BOX 286</b> Suite, Apt. #, etc.	
City & State <b>BURLINGTON, NC 27215</b>		City & State <b>BURLINGTON, NC</b>	
Zip <b>27215</b>		Zip <b>27216</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>56-1675291</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND ROAD                  PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when consisting)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, TAPLEY O JR 3035 S. CHURCH ST BURLINGTON, NC 27215	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3060 S. CHURCH STREET BURLINGTON, NC 27215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HENDERSON, JAMES D 3035 S. CHURCH ST BURLINGTON, NC 27215	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3060 S. CHURCH STREET BURLINGTON, NC 27215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOHNSON, TAPLEY O III 3035 S. CHURCH ST BURLINGTON, NC 27215	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3060 S. CHURCH STREET BURLINGTON, NC 27215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all appropriate empowerment.			
SIGNATURE: <i>[Signature]</i>		DATE: <b>4/9/03</b>	
PHONE: <b>800-334-5579</b>		DAYTIME PHONE # _____	

CRE034 (10/02)