

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

05-19-1999 90018 001 *7,500.00
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAY 19 PM 2:17

DOCUMENT # F97000005500

1. Corporation Name
NB HOLDINGS CORPORATION

Principal Place of Business
401 N. TRYON ST., NC1-021-03-09
CHARLOTTE NC 28255

Mailing Address
401 N. TRYON ST., NC1-021-03-09
CHARLOTTE NC 28255

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1997

4. FEI Number

56-1857749

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 owes the current year Intangible
Personal Property Tax. ☐ 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 Sections 607.0502 and 607.1508, 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE CCEO ☐ DELETE

NAME MCCOLL, HUGH L JR.
STREET ADDRESS 401 N. TRYON ST., NC1-021-03-09
CITY-ST-ZIP CHARLOTTE NC 28255

TITLE DVCB ☐ DELETE

NAME HANCE, JAMES H JR.
STREET ADDRESS 401 N. TRYON ST., NC1-021-03-09
CITY-ST-ZIP CHARLOTTE NC 28255

TITLE PD ☐ DELETE

NAME LEWIS, KENNETH D
STREET ADDRESS 401 N. TRYON ST., NC1-021-03-09
CITY-ST-ZIP CHARLOTTE NC 28255

TITLE EV ☐ DELETE

NAME OKEN, MARC D
STREET ADDRESS 401 N. TRYON ST., NC1-021-03-09
CITY-ST-ZIP CHARLOTTE NC 28255

TITLE SV ☐ DELETE

NAME GENTRY, FRANK L
STREET ADDRESS 401 N. TRYON ST., NC1-021-03-09
CITY-ST-ZIP CHARLOTTE NC 28255

TITLE EVS ☐ DELETE

NAME KISER, JAMES W
STREET ADDRESS 401 N. TRYON ST., NC1-021-03-09
CITY-ST-ZIP CHARLOTTE NC 28255

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME VP
1.3 STREET ADDRESS Smith, Duane L
1.4 CITY-ST-ZIP 401 N. Tryon St. NC1-021-03-09
Charlotte, NC 28255

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: DUANE L. SMITH, VP 4/23/99 704-388-2460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)