

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
 05-18-2001 91581 003 ***150.00

DOCUMENT # F97000005500
1. Entity Name
 NB Holdings Corporation

Principal Place of Business **Mailing Address**
 NC1-021-02-20 NC1-021-02-20
 401 N TRYON ST 401 N TRYON ST
 CHARLOTTE NC 28255 CHARLOTTE NC 28255

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Zip Country Zip Country

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S PINE ISLAND RD
 PLANTATION FL 33324

4. FEI Number 56-1857749 **Applied For**
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
7. Name and Address of New Registered Agent
 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 _____ (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. ☐ **FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Kenneth D. Lewis NC1-021-02-20 401 N TRYON ST CHARLOTTE NC 28255	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP GREG S. MROZ	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY James W. Kiser	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER John E. Mack	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR James H. Hance, Jr.	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Hugh L. McColl, Jr.	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 all other like empowered.

SIGNATURE: _____ **GREG S. MROZ, SVP: 704-386-5591** **4- -01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)