

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000006101**

1. Entity Name

AKIMA CORPORATION**FILED**
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90542 029 ***150.00

Principal Place of Business

**13777 BALLANTYNE CORPORATE PLACE
SUITE 530
CHARLOTTE NC 28277**

Mailing Address

**13777 BALLANTYNE CORPORATE PLACE
SUITE 530
CHARLOTTE NC 28277**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **92-0132391**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

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

(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.
(See criteria on back) ☐**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HAMREN, FRED E	
STREET ADDRESS	2920 HEATHSTEAD PLACE	
CITY-ST-ZIP	CHARLOTTE NC 28210	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	BRINKMAN, WILLIAM J	
STREET ADDRESS	877 PORTER RANCH RD.	
CITY-ST-ZIP	LANCASTER SC 29270	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PETRIVELLI, ALICE	
STREET ADDRESS	4000 OLD SEWARD HWY #300	
CITY-ST-ZIP	ANCHORAGE AK 99503	

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martha Malavansky	
STREET ADDRESS	P.O. Box 957	
CITY-ST-ZIP	St. George Island, AK 99591	

TITLE	T	<input type="checkbox"/> Delete
NAME	STASTNY, J S	
STREET ADDRESS	1001 E. BENSON BLVD.	
CITY-ST-ZIP	ANCHORAGE AK 99508	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	CURTIS, CHARLES	
STREET ADDRESS	1001 E. BENSON BLVD.	
CITY-ST-ZIP	ANCHORAGE AK 99508	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DC	<input type="checkbox"/> Delete
NAME	HADDEN, RONALD S	
STREET ADDRESS	301 W. NORTHERN LIGHTS, #901	
CITY-ST-ZIP	ANCHORAGE AK 99516-3421	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fred E. Hamren, Pres/CEO 4/9/01

Date

704-714-4500Daytime Phone # **ext. 109**

CR2E034 (10/00)

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