## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000281 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name THE NSJ GROUP, INC. 02 OCT -1 PM 1:58 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 20801 BISCAYNE BLVD **401 N TRYON ST** Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE **SUITE #403** NC1-021-02-20 City & State City & State 4. FEI Number Applied For MIAMI FL CHARLOTTE NC 59-3327448 Not Applicable Zip Country Country \$8.75 Additional 33180 28255 5. Certificate of Status Desired Meckienburg Fee Required 7. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD IN THIS SPACE Zip Code **PLANATION** 33324 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 DALE W. MORRIS 30-2002 norres **ASSISTANT VICE PRESIDENT** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE **DIR / PRES** TITLE CR2E034B (12/01 ANTHONY M. HAGEN NAME NAME STREET ADDRESS 401 N TRYON ST NC1-021-02-20 STREET ADDRESS CITY - ST - ZIP CHARLOTTE NC 28255 CITY - ST - ZIP TITLE NSTATEMENT 2001 2002 TITLE NAME DUANE L. SMITH NAME STREET ADDRESS 401 N TRYON ST NC1-021-02-20 STREET ADDRESS CITY - ST - 7IP CHARLOTTE NC 28255 CITY - ST - ZIP TITLE VP TITLE DANIEL CHAIR NAME STREET ADDRESS 401 N TRYON ST NC1-021-02-20 STREET ADDRESS CITY - ST - ZIP DO NOT WRITE CHARLOTTE NC 28255 CITY - ST - ZIP SEC TITLE IN THIS SPACE NAME MARK W. ANDERSSON NAME STREET ADDRESS 401 N TRYON ST NC1-021-02-20 STREET ADDRESS CITY - ST - ZIP CHARLOTTE NC 28255 CITY: ST. 71P TITLE TREA / CFO TITLE 400008136974 NAME ROBERT A. KEYES, JR. -10/01/02--01052--019 STREET ADDRESS 401 N TRYON ST NC1-021-02-20 STREET ADDRESS \*\*20700.00 CITY - ST - ZIP CHARLOTTE NC 28255 CITY - ST - 7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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 eath; 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 on an attachment with an address, with all other like empowered.

DUANE L. SMITH, SVP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/ / /2002

SIGNATURE: