FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9800003679 1. Entity Name				FILED	
AIRCRA	AFT 23830, INC.		02 OCT - 1 PM	2: 13	
E	OO NOT WRITE	IN THIS SF	SECRETARY OF TALLAHASSEE. F	LORIDA	
2. Principal Place of Business 3. Mailing Address				Deimotatem	
Suite, Ap	DISCAYNE BLVD	401 N TRYON S Suite, Apt. #, etc.	<u>ST</u>	REINSTATEN	
SUITE #403 City & State		NC1-021-02-20 City & State		4. FEI Number	Applied For
Zip Country		CHARLOTTE NC Zip Country		65-0845701	Not Applicable
33180		28255	Mecklenburg	Certificate of Status Desired Name and Address of Current R	Fee Required
Name OT CORPORATION OVERTER					
Street Address ((P.O. Box Number is Not Acceptable) UTH PINE ISLAND RD	
	IN THIS SP	ACE		OCTIVITIE IOCAND NO	
			City PLANATI	ON	FL Zip Code 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. OALE W. MORRIS 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) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$560.00 Amended UBR is \$61.25 Make Check Payable to Department of State					
TITLE	OFFICERS AND DI	IRECTORS	TITLE		6
NAME STREET ADDRESS CITY - ST - ZIP	ANTHONY M. HAGEN 401 N TRYON ST NC1 CHARLOTTE NC 2825		NAME STREET ADDRESS CITY: ST - ZIP		CR2E0348 (1201)
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP DUANE L. SMITH 401 N TRYON ST NC1 CHARLOTTE NC 2825	-021-02-20	TITLE NAME STREET ADDRESS CITY - ST - ZIP		CRZEI
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DANIEL CHAIR 401 N TRYON ST NC1- CHARLOTTE NC 2825		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT W	/RITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC MARK W. ANDERSSON 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255		TITLE NAME STREET ADDRESS CITY - ST - ZIP	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA / CFO ROBERT A. KEYES, JI 401 N TRYON ST NC1- CHARLOTTE NC 2825	-021-02-20	TITLE NAME STREET ADDRESS GITY - ST - ZIP	-10/01/	1 3704 59 0201052019 00.00 ****900.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	wife that the internal area		TITLE 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 on an attachment with an address, with all other like empowered.					
SIGNATURE: DUANE L. SMITH, SVP 10/ 12002 704-388-2460 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					