

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H90300**

1. Entity Name

SUNSTATES EQUITIES, INC.**FILED**
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90091 049 ***150.00

0698174

Principal Place of Business
**4600 MARRIOTT DRIVE
SUITE 120
RALEIGH NC 27612
US**

Mailing Address
**P.O. BOX 30043
RALEIGH NC 27622
US**

00005452

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2617074		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTENSON, LEE N.	NAME	
STREET ADDRESS	55 E. MONROE STR	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, GLENN J.	NAME	
STREET ADDRESS	4600 MARRIOTT DRIVE	STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, RICHARD	NAME	
STREET ADDRESS	4600 MARRIOTT DRIVE	STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, CLAIR K.	NAME	
STREET ADDRESS	4600 MARRIOTT DRIVE	STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLE, CLYDE WM	NAME	
STREET ADDRESS	830 GREENBAY ROAD	STREET ADDRESS	
CITY-ST-ZIP	LAKE FOREST IL	CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAVER, DEAN F.	NAME	
STREET ADDRESS	4600 MARRIOTT DR., SUITE 200	STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27612	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

Date

Daytime Phone #

CR2E034 (10/00)