## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K80631

SUNSTATES FINANCIAL SERVICES, INC.

FILED	
Apr 14 1997 8:00am	1
Secretary of State	

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Principal Place of Business Mailing Address				1 (9 billis) abt (Aft) antin bildi tilli ten	medel minit nidit pratt medt sinit ibar	
4600 MARRIOTT DR., SUITE 200 P.O., BOX 30043 RALEIGH NC 27622-7043	P.O. BOX 30043	4600 MARRIOTT DR., SUITE 200 P.O. BOX 30043 RALEIGH NC 27622-0043				
				3. Date Incorporated or Qualified 04/11/1989	3a. Date of Last Report 02/27/1996	
2. Principal Place of Business	2a. Mailing Addre	SS		4. FEI Number	Applied For	
21	26			56-1678522	Not Applicable	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State	City & State		6. Election Campaign Financing	\$5.00 May Bo	
23	28			Trust Fund Contribution	Added to Fees	
Zip Country	<b>Z</b> (p	30 Co.	intry	8. This corporation has liability for in	ntangible tax under s. 199.032,	
9. Name and Address of C	urrent Registered Agent	130	10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORA			81 Name			
1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301			82 Street A	2 Street Address (P.O. Box Number is Not Acceptable)		
			83			
			84 City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 60	0502 and 607.1508, Florid	a Statutes, the a	bove-named o	corporation submits this statement for the pu	urpose of changing its registered	

office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agont signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PĎ DELETE Change Addition 1.1 TITLE TITLE Director LEONARD, RICHARD A. 1.2 NAME NAME Clyde Wm. Engle 4600 MARRIOTT DR. 830 N. Greenbay Road STREET ADDRESS 1.3 STREET ADDRESS RALEIGH NO CITY-ST-ZIP 1.4 CITY - \$1 - ZIP Lake Forest, il 60045 K) Change **X** X DELETE TITLE VTD 2.11ITLE Addition VP & Treasurer KENNEDY, GLENN J. Glenn J. Kennedy 4600 MARRIOTT DR. STREET ADDRESS 2.3 STREET ADDRESS 4600 Marriott Drive Raleigh, NC 27612 RALEIGH NC CITY-ST-ZIP 2 4 CITY-ST-ZIP DELFTE Change Addition TITLE 3.1 TITLE MORTENSON, LEE N 3.2 NAME 55 E MONROE STR STREET ADDRESS 3.3 STREET ADDRESS CHICAGO IL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4 1 THEE NAME PAYNE, CLAIR K 4. 2 NAME 4600 MARRIOTT DR, STE 200 STREET ADDRESS 4.3 STREET ADDRESS RALEIGH NC 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP: 5.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE 6.2 NAME

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an allachment with an address.

6.3 STREET ADDRESS

1.

STREET ADDRESS

CITY-ST-ZIP

2/21/97

(919) 781-5611