

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

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FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90128 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K80631

1. Corporation Name

SUNSTATES FINANCIAL SERVICES, INC.

Principal Place of Business 4600 MARRIOTT DR., SUITE 200 P.O. BOX 30043 RALEIGH NC 27622-7043	Mailing Address 4600 MARRIOTT DR., SUITE 200 P.O. BOX 30043 RALEIGH NC 27622-7043
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4600 Marriott Drive		2a. Mailing Address 26 P. O. Box 30043		3. Date Incorporated or Qualified 04/11/1989	
Suite, Apt #, etc 22 Suite 120		Suite, Apt #, etc		4. FEI Number 56-1678522	
City & State 23 Raleigh, NC		City & State 28 Raleigh, NC		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 27612		Zip 29 27622		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 USA		Country 30 USA		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, RICHARD A.	12 NAME	
STREET ADDRESS	4600 MARRIOTT DR.	13 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLE, CLYDE	22 NAME	
STREET ADDRESS	830 N. GREENBAY ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE FOREST IL	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTENSON, LEE N	32 NAME	
STREET ADDRESS	55 E MONROE STR	33 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	34 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, CLAIR K	42 NAME	
STREET ADDRESS	4600 MARRIOTT DR, STE 200	43 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	44 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, GLENN J.	52 NAME	
STREET ADDRESS	4600 MARRIOTT DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH N.	54 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAVER, DEAN F	62 NAME	
STREET ADDRESS	4600 MARRIOTT DR, SUITE 200	63 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27612	64 CITY-ST-ZIP	

14. 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 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 attachment with an address, with all other like empowered

SIGNATURE: *Richard A. Leonard, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99 (919) 781-5611

Date

Daytime Phone #

CR2E034 (11/98)