## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # K80631**

1. Entity Name

SUNSTATES FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 30043 RALEIGH NC 27622-0043

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

## FILED Mar 03, 2000 8:00 am Secretary of State

03-03-2000 90248 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Signature agents and each to do so.  Signature and address of Current Registered Agent  THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAY'S STREET SUITE 105 TALLAHASSEE FL 32301  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  Signature agents and each to do so. (See orderior or bash) (See Orderior or	City & State		City & State		4. FEI	4. FEI Number 56-1678522			oplied For		
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAVS STREET  SUITE 105  TALLAHASSEE FL 32301  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fonds.  SIGNATURE  Displace, hypod or producer of registered agent and tio / spatissible  POTE Registered Ages spulsars occurred where revieting to the state of Fonds.  SIGNATURE  Displace, hypod or producer of registered agent and tio / spatissible  POTE Registered Ages spulsars occurred where revieting to the state of Fonds.  SIGNATURE  Displace, hypod or producer of registered agent, or both, in the State of Fonds.  SIGNATURE  Displace, hypod or producer of registered agent, or both, in the State of Fonds.  SIGNATURE  Displace, hypod or producer of registered agent, or both, in the State of Fonds.  SIGNATURE  SIGNATURE  Displace, hypod or producer of registered agent, or both, in the State of Fonds.  SIGNATURE  Displace, hypod or producer of registered agent, or both, in the State of Fonds.  SIGNATURE  Displace, hypod or producer of registered agent, or both, in the State of Fonds.  SIGNATURE  Displace, hypod or producer of registered agent, or both, in the State of Fonds.  SIGNATURE  Displace, hypod or producer of registered agent, or both, in the State of Fonds.  SIGNATURE  Displace, hypod or producer agent agen			71	Country				Not Applicable			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fords.  SIGNATURE  Signature, typed or anters reme it implement agent and its if associates in the purpose of changing its registered agent, or both, in the State of Fords.  SIGNATURE  Signature, typed or anters reme it implement agent and its if associates in the purpose of changing its registered agent, or both, in the State of Fords.  SIGNATURE  Signature, typed or anters reme it implement agent and its if associates in the purpose of changing its registered agent, or both, in the State of Fords.  SIGNATURE  Signature, typed or anters reme it implement agent and its if associates in the purpose of changing its registered agent or requirement remember where where where where where the industry is the purpose of changing its registered agent, or both, in the State of Fords.  SIGNATURE  Signature, typed or anters reme it implement agent and its if associates in associates in the purpose of changing its registered agent, or both, in the State of Fords.  Interpolation is eligible to satiefy its Interrigible agent and its if associates in associates in associates with a special purpose of the pur	Zip	Country	Zip	Country	<b>5.</b> Cert	tificate of Status Desired					
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida.  SIGNIATURE  9. This corporation is eligible to satisfy its intangible Task filling requirement and elocits to do so.  After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.  TITLE  NOW.  SIREET ADDRESS  UN-ST-2P  CITY-ST-2P  CIT		6. Name and Address of Current Re	gistered Agent		7. Name and Address of New Registered Agent						
120 I HAYS STREET SUITE 105 TALLAHASSEE FL 32301  City FL Zip Code				Name	-						
120 I HAYS STREET SUITE 105 TALLAHASSEE FL 32301  City FL Zip Code	THE					Street Address (P.O. Box Number is Not Acceptable)					
### TAILAHASSEE FL 32301  ### B. 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 servace name of ingititized agent and tice if applicable.  ### Discription is eligible to satisfy its Intangible Tail Ring requirement and elects to do so.	1201										
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.    Signature											
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE    1.	TALL	TALLAHASSEE FL 32301					FI	Zip Cod	е		
SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PD  LEONARD, RICHARD A. 4600 MARRIOTT DR. 4600 MARRIOTT DR. 171LE  D  LEONARD, RICHARD A. 4600 MARRIOTT DR. 4600 MARRIOTT DR, STEET ADDRESS  CITY-ST-2P  LAKE FOREST II.  D  MORTENSON, LEE N  STREET ADDRESS  CITY-ST-2P  CHICAGO II.  TITLE  SPAYNE, CLAIR K  4600 MARRIOTT DR, STEE 200  RAME  STREET ADDRESS  CITY-ST-2P  CHICAGO II.  TITLE  VPT  CHICAGO II.  TITLE  VPT  CHICAGO II.  TITLE  VPT  CHICAGO II.  TITLE  C  VPT  CHICAGO II.  TITLE  VPT  CHICAGO II.  TITLE  C  NAME  SIRRET ADDRESS  CITY-ST-2P  CHICAGO II.  TITLE  C  VPT  CHICAGO II.  TITLE  C  NAME  SIRRET ADDRESS  CITY-ST-2P  CHICAGO II.  CHICAGO II.  TITLE  C  NAME  SIRRET ADDRESS  CITY-ST-2P  CHICAGO II.  CHICAGO II.  CHICAGO II.  CHICAGO II.  CHICAGO II.  CHICAGO								1			
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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 OF DIRECTOR

21/100

(919) 781-5611

Daytime Phone #