FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jan 20, 2001 8:00 am Secretary of State **DOCUMENT # K80631** SUNSTATES FINANCIAL SERVICES, INC. 01-20-2001 90091 048 ***150.00 Principal Place of Business Mailing Address P.O. BOX 30043 4600 MARRIOTT DR STE 120 RALEIGH NC 27622-7043 RALEIGH NC 27622-7043 N0005453 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 56-1678522 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL:32301 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Addition LEONARD, RICHARD A. NAME NAME 4600 MARRIOTT DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RALEIGH NC TITLE ☐ Addition TITLE ☐ Delete ☐ Change ENGLE, CLYDE NAME NAME STREET ADDRESS STREET ADDRESS 830 N. GREENBAY ROAD CITY-ST-ZIP CITY-ST-7IP LAKE FOREST IL Delete TITLE ☐ Change ☐ Addition TITLE MORTENSON, LEE N NAME NAME STREET ADDRESS 55 E MONROE STR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL TITLE ☐ Delete TITLE ☐ Change ☐ Addition PAYNE, CLAIR K NAME NAME STREET ADDRESS 4600 MARRIOTT DR, STE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RALEIGH NC TITLE ☐ Delete TITLE ☐ Change Addition KENNEDY, GLENN J. NAME NAME STREET ADDRESS 4600 MARRIOTT DRIVE STREET ADDRESS CITY-ST-ZIP RALEIGH N. CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition SHAVER, DEAN F NAME NAME STREET ADDRESS 4600 MARRIOTT DR. SUITE 200 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP RALEIGH NC 27612 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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