

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002640

FILED  
Jan 12, 2012  
Secretary of State

Entity Name: FAISON & ASSOCIATES, LLC

**Current Principal Place of Business:**

121 WEST TRADE ST., 27TH FLOOR  
CHARLOTTE, NC 28202

**New Principal Place of Business:**

**Current Mailing Address:**

121 WEST TRADE ST., 27TH FLOOR  
CHARLOTTE, NC 28202

**New Mailing Address:**

FEI Number: 56-2230115

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FAISON, HENRY J  
Address: 121 WEST TRADE ST 27TH FLOOR  
City-St-Zip: CHARLOTTE, NC 28202

Title: MGR  
Name: NORWOOD, PHILIP W  
Address: 121 WEST TRADE ST 27TH FLOOR  
City-St-Zip: CHARLOTTE, NC 28202

Title: MGR  
Name: JACKSON, ALLEN S JR.  
Address: 121 WEST TRADE ST 27TH FLOOR  
City-St-Zip: CHARLOTTE, NC 28202

Title: VT  
Name: POPLIN, CHRIS M  
Address: 121 WEST TRADE ST 27TH FLOOR  
City-St-Zip: CHARLOTTE, NC 28202

Title: AS  
Name: MYERS, CYNTHIA T  
Address: 121 WEST TRADE ST 27TH FLOOR  
City-St-Zip: CHARLOTTE, NC 28202

Title: VS  
Name: NELSON, SHAWN L  
Address: 121 WEST TRADE ST 27TH FLOOR  
City-St-Zip: CHARLOTTE, NC 28202

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CYNTHIA T. MYERS

AS

01/12/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date