

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M47853 (0)

1. Corporation Name
ATICO INVESTMENT MANAGEMENT, INC.

Principal Place of Business

100 S. TRYON ST.
NC1-002-20-18
CHARLOTTE NC 28255

Mailing Address

100 S. TRYON ST.
NC1-002-20-18
CHARLOTTE NC 28255

APPROVED
AND
FILED

1997 OCT -6 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/06/1987
3a. Date of Last Report 05/20/1996

4. FEI Number 59-2781565
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Prin 401 N TRYON ST NC1-021-03-09
21 CHARLOTTE NC 28255

Suit
22 City & State

23 Zip Country

24 25

2a. Mailing Address
26 Same as a.

Suite, Apt. #, etc.
27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

FURMAN, JACK A.
200 SE FIRST STREET
MIAMI FL 33131-2388

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 City
85 Zip Code
Registered Agent Has Not Changed
FL

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

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
COB	ALLEN, WILLIAM H., JR.	200 S.E. FIRST STREET	MIAMI FL	<input checked="" type="checkbox"/>
P	MORRISON, WILLIAM L.	200 S.E. FIRST STREET	MIAMI FL	<input checked="" type="checkbox"/>
EVPS	BRADY, THOMAS B.	200 S.E. FIRST STREET	MIAMI FL	<input checked="" type="checkbox"/>
T	BEIER, THOMAS	200 S.E. FIRST STREET	MIAMI FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PRESIDENT & DIRECTOR	Gerald P. Ademy	401 N TRYON ST	NC1-021-03-09 CHARLOTTE NC 28255	<input type="checkbox"/>	<input type="checkbox"/>
SR. V.P.	Gary S. Williams			<input type="checkbox"/>	<input type="checkbox"/>
SECRETARY	Mary-Ann Lucas			<input type="checkbox"/>	<input type="checkbox"/>
TREASURER	John E. Mack			<input type="checkbox"/>	<input type="checkbox"/>
DIRECTOR	Christopher Pennewill			<input type="checkbox"/>	<input type="checkbox"/>
DIRECTOR	James R. Smith			<input type="checkbox"/>	<input type="checkbox"/>

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, changed, or on an attachment with an address.

SIGNATURE: 8/15/97 704-386-5856

CR2E034 (4/97)