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

FILED May 15 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (0)ATICO INVESTMENT MANAGEMENT, INC. Mailing Address Principal Place of Business 401 N. TRYON ST 401 N. TRYON ST NC1 021 03 09 NC1-021-03-09 DO NOT WRITE IN THIS SPACE **CHARLOTTE NC 28255 CHARLOTTE NC 28255** 3. Date Incorporated or Qualified 03/06/1987 2. Principal Place of Business 28. Mailing Address Applied For 21 59-2781565 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 24 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FURMAN, JACK A 200 SE FIRST STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131-2388 В3 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 1 am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required where reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRI CTORS 13. DELETE Change Addition TITLE 11THE ADEMY, GERALD P NAME 1.2 NAME CR2E034 401 N. TRYON ST., NC1-021-03-09 STREET ADDRESS 1.3 STREET ADDRESS CHARLOTTE NC 28255 CITY-SI-7/P 1.4 CITY-ST-ZIP DELETE TITLE 2 1 DILE Change Addition NAME WILLIAM, GARY 2.2 NAME 401 N. TRYON ST., NC1-021-03-09 STREET ADDRESS 2.3 STREET ADDRESS **CHARLOTTE NC 28255** CITY - ST - ZIP 2. 4 CITY - ST - 7IP DELETE Addition TITLE 31 DILE LUCAS, MARY ANN 32 NAME NAME 401 N. TRYON ST., NC1-021-03-09 STREET ADDRESS 3.3 STREET ADDRESS CHARLOTTE NC 28255 3.4 CHY-S1-7IP CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE MACK, JOHN E NAME 4 2 NAME 401 N. TRYON ST., NC1-021-03-09 STREET ADDRESS 4.3 STREET ADDRESS CHARLOTTE NC 28255 4.4 C(TY - ST - 7/P) CITY -ST-ZIP DELETE Change Addition TITLE 5 1 111LE PENNEWILL, CHRISTOPHER 5.2 NAME NAME 401 N. TRYON ST., NC1-021-03-09 STREET ADDRESS 5 3 STREET ADDRESS

14. Thereby certify that the information supplied with the 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 eath; that I am an officer or director of the experience of the exceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 6 or or an attachment with an actions. 704

5.4 CITY - \$1 - ZIP

6.3 STREET ADDRESS

61 TITLE

6.2 NAME

SIGNATURE:

CITY - \$1 - ZIP

STHEET ADDRESS

City - St - 7iP

TITLE

NAME

CHARLOTTE NC 28255

CHARLOTTE NC 28255

401 N. TRYON ST., NC1-021-03-09

SMITH, JAMES R

DELETE

Cary S. Williams 4-27-98 386-5956

Change

Addition