


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

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May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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 401 N. TRYON ST NC1-021-03-09 CHARLOTTE NC 28255			Mailing Address 401 N. TRYON ST NC1-021-03-09 CHARLOTTE NC 28255		
2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/06/1987 4. FEI Number 59-2781565 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 84 City FL 85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
12. OFFICERS AND DIRECTORS TITLE PD <input type="checkbox"/> DELETE NAME ADEMY, GERALD P STREET ADDRESS 401 N. TRYON ST., NC1-021-03-09 CITY-ST-ZIP CHARLOTTE NC 28255 TITLE SVP <input type="checkbox"/> DELETE NAME WILLIAM, GARY STREET ADDRESS 401 N. TRYON ST., NC1-021-03-09 CITY-ST-ZIP CHARLOTTE NC 28255 TITLE S <input type="checkbox"/> DELETE NAME LUCAS, MARY ANN STREET ADDRESS 401 N. TRYON ST., NC1-021-03-09 CITY-ST-ZIP CHARLOTTE NC 28255 TITLE T <input type="checkbox"/> DELETE NAME MACK, JOHN E STREET ADDRESS 401 N. TRYON ST., NC1-021-03-09 CITY-ST-ZIP CHARLOTTE NC 28255 TITLE D <input type="checkbox"/> DELETE NAME PENNEWILL, CHRISTOPHER STREET ADDRESS 401 N. TRYON ST., NC1-021-03-09 CITY-ST-ZIP CHARLOTTE NC 28255 TITLE D <input type="checkbox"/> DELETE NAME SMITH, JAMES R STREET ADDRESS 401 N. TRYON ST., NC1-021-03-09 CITY-ST-ZIP CHARLOTTE NC 28255			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

Gary S. Williams

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

CR2E034 (10/97)