## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 03, 2002 8:00 am Secretary of State DOCUMENT # M9900001445 09-03-2002 90114 009 \*\*\*\*50.00 DIXIE HIGHWAY, L.L.C. Principal Place of Business Mailing Address 121 WEST TRADE STREET 121 WEST TRADE STREET <del>2500 INTERSTATE TOWE</del>R -2500-INTERSTATE TOWER CHARLOTTE NC 28202-5399 CHARLOTTE NC 28202-5399 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 2550 Interstate Tower 2550 Interstate Tower City & State City & State 4. FEI Number Applied For 56-2058430 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 9. MANAGING MEMBERS/MANAGERS 10, ADDITIONS/CHANGES MGR TITLE Delete TITLE ☐ Addition ☐ Change NAME SESLER, RICHARD G NAME STREET ADDRESS 121 WEST TRADE STREET STREET ADDRESS CITY-ST-7!F CITY-ST-ZIP CHARLOTTE NC 28202-5399 TITLE ☐ Delete TITLE ☐ Change [ ] Addition NAME NORWOOD, PHILIP W NAME STREET ADDRESS 121 WEST TRADE STREET STREET ADDRESS CITY-ST-ZIP CHARLOTTE NC 28202-5399 CITY-ST-ZIP MGR ☐ Delete TITLE ☐ Change Addition MCCOY, J. MARTIN NAME STREET ADDRESS 121 WEST TRADE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC 28202-5399 TITLE MGR ☐ Delete TITLE ☐ Change Addition

11. I 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 report is true and accurate and that my 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.

NAME

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: REQUIRED

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

JACKSON, ALLEN S

121 WEST TRADE STREET

CHARLOTTE NC 28202-5399

<u>8/22/02</u>

704 972 2500

☐ Change

☐ Change

Addition

Addition

Daytime Phone #