2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02081

FILED Feb 15, 2005 Secretary of State

Entity Name: UVEST FINANCIAL SERVICES GROUP, INC.

| | rincipal Place | of Business: | New Principal Place | of Business: |
|--|--|--|--|---|
| 00 SOUT | H COLLEGE S | ST. | | |
| 1 FLOOR HARLOT | TE, NC 28202 | <u>></u> | | |
| urrent M | ailing Addres | s: | New Mailing Addres | s: |
| 0 SOUT | H COLLEGE S | ST. | | |
| FLOOR HARLOT | : TE, NC 28202 | 2 | | |
| l Number: | 56-1210987 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| ame and | Address of C | current Registered Agent: | Name and Address | of New Registered Agent: |
| | RTHUR 64TH COURT IAMI, FL 3314(| | | |
| the State | e of Florida. | submits this statement for the | e purpose of changing its registere | ed office or registered agent, or both, |
| GNATUF | | | | <u> </u> |
| | Electron | ic Signature of Registered A | gent | Date |
| ection Can | npaign Financing | g Trust Fund Contribution (). | | |
| FFICERS | S AND DIREC | TORS: | ADDITIONS/CHANG | ES TO OFFICERS AND DIRECTO |
| ile: | DCEO () | Delete | Title: | () Change () Addition |
| me: dress: | ROBINSON, JO 270 COVILLE R | HN HENRY JR. | Name: Address: | |
| | 2/U COVILLE P | ۱D. | Audress. | |
| | CHARLOTTE, N | IC 28207 | City-St-Zip: | |
| ty-St-Zip: | | | City-St-Zip: | () Change () Addition |
| y-St-Zip: le: | | Delete | • | () Change () Addition |
| y-St-Zip: e: me: | COO () | Delete | Title: | () Change () Addition |
| y-St-Zip: e: me: dress: | COO () ARNOD, DAN H | Delete | Title: Name: | () Change () Addition |
| y-St-Zip: le: me: dress: y-St-Zip: | COO () ARNOD, DAN H 314 FENTON CHARLOTTE, N | Delete IC 28207 ID Delete | Title: Name: Address: City-St-Zip: Title: | () Change () Addition () Change () Addition |
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| ey-St-Zip: le: me: dress: y-St-Zip: le: me: dress: y-St-Zip: | COO () ARNOD, DAN H 314 FENTON CHARLOTTE, N SVP () VINES, MICHAE 9300 TILLOT D MATTHEWS, NO | Delete IC 28207 Delete EL L R. C 28105 | Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: | () Change () Addition |
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| ey-St-Zip: le: me: dress: y-St-Zip: le: me: dress: y-St-Zip: le: me: dress: y-St-Zip: | COO () ARNOD, DAN H 314 FENTON CHARLOTTE, N SVP () VINES, MICHAE 9300 TILLOT D MATTHEWS, NO VP () PAYNE, TERRI | Delete IC 28207 Delete EL L R. C 28105 Delete L | Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: | () Change () Addition |
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I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASHLEY D HARVEY MGR 02/15/2005