

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90032 032 ***150.00

DOCUMENT # P02081

1. Entity Name
UVEST FINANCIAL SERVICES GROUP, INC.



Principal Place of Business
200 SOUTH COLLEGE ST.
21 FLOOR
CHARLOTTE, NC 28202

Mailing Address
200 SOUTH COLLEGE ST.
21 FLOOR
CHARLOTTE, NC 28202

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



01312008

Chg-P

CR2E034 (12/06)

4. FEI Number
56-1210987

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DCEO ☒ Delete
NAME ROBINSON, JOHN HENRY JR.
STREET ADDRESS 270 COVILLE RD.
CITY-ST-ZIP CHARLOTTE, NC 28207

TITLE DCEO ☐ Change ☒ Addition
NAME Dan Arnold
STREET ADDRESS 200 S. College St, 21st Floor
CITY-ST-ZIP Charlotte, NC 28202

TITLE COO ☒ Delete
NAME ARNOD, DAN H
STREET ADDRESS 314 FENTON
CITY-ST-ZIP CHARLOTTE, NC 28207

TITLE S ☐ Change ☒ Addition
NAME Chad D. Perry
STREET ADDRESS one Beacon St, 22nd Floor
CITY-ST-ZIP Boston, MA 02108

TITLE SVP ☒ Delete
NAME VINES, MICHAEL L
STREET ADDRESS 9300 TILLOT DR.
CITY-ST-ZIP MATTHEWS, NC 28105

TITLE T ☐ Change ☒ Addition
NAME Terri Payne
STREET ADDRESS 200 S. College St, 21st Floor
CITY-ST-ZIP Charlotte, NC 28202

TITLE VP ☒ Delete
NAME PAYNE, TERRI L
STREET ADDRESS 2100 CHESTERFIELD AVE.
CITY-ST-ZIP CHARLOTTE, NC 28205

TITLE D ☐ Change ☒ Addition
NAME Mark S. Casady
STREET ADDRESS one Beacon St, 22nd Floor
CITY-ST-ZIP Boston, MA 02108

TITLE SVP ☒ Delete
NAME ABOOD, DENISE M
STREET ADDRESS 329 WENDOVER HILL CT.
CITY-ST-ZIP CHARLOTTE, NC 28211

TITLE D ☐ Change ☒ Addition
NAME Esther Stearns
STREET ADDRESS 9785 Towne Centre Drive
CITY-ST-ZIP San Diego, CA 92121

TITLE SVP ☒ Delete
NAME FRY, CHARLEY
STREET ADDRESS 268 PALMER CIRCLE
CITY-ST-ZIP ROCKWELL, NC 28138

TITLE D ☐ Change ☒ Addition
NAME C William Maher
STREET ADDRESS 9785 Towne Centre Drive
CITY-ST-ZIP San Diego, CA 92121

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Chad D. Perry **Chad D. Perry** 2/14/08 617-423-3644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #