

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90054 050 ***150.00

DOCUMENT # P15434

1. Corporation Name
FAISON & ASSOCIATES, INC.

Principal Place of Business
121 WEST TRADE STREET, SUITE 1200
ATTN: LEGAL DEPT.
CHARLOTTE NC 28202

Mailing Address
121 WEST TRADE STREET, SUITE 1200
ATTN: LEGAL DEPT.
CHARLOTTE NC 28202



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1987

4. FEI Number

56-0933517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Elector Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 121 W TRADE STE 2550
22 CHARLOTTE NC
23 28202 USA

2a. Mailing Address

26 121 W TRADE STE 2550
27 CHARLOTTE NC
28 28202 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC
NAME FAISON, HENRY J
STREET ADDRESS 121 W. TRADE ST., STE. 1900
CITY-STATE-ZIP CHARLOTTE NC 28202 ☐ DELETE

TITLE VD
NAME ALLEN S JACKSON JR
STREET ADDRESS 121 W. TRADE ST., STE. 1900
CITY-STATE-ZIP CHARLOTTE NC 28202 ☐ DELETE

TITLE PD
NAME NORWOOD, PHILIP W
STREET ADDRESS 121 W. TRADE ST., STE. 1900
CITY-STATE-ZIP CHARLOTTE NC ☐ DELETE

TITLE VTS
NAME WHITAKER, BILLIE R
STREET ADDRESS 121 W. TRADE ST., SUITE 1900
CITY-STATE-ZIP CHARLOTTE NC 28202 ☐ DELETE

TITLE AS
NAME SPEED, ELIZABETH M
STREET ADDRESS 121 W. TRADE ST., STE 1900
CITY-STATE-ZIP CHARLOTTE NC 28202 ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 121 W TRADE STE 2550
1.4 CITY-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 121 W TRADE STE 2550
2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 121 W TRADE STE 2550
3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 121 W TRADE STE 2550
4.4 CITY-STATE-ZIP

5.1 TITLE AS
5.2 NAME DIANE K. HUNTER
5.3 STREET ADDRESS 121 W TRADE STE 2550
5.4 CITY-STATE-ZIP CHARLOTTE NC 28202 ☒ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Diane K. Hunter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-99

704-972-2500

CR2E034 (11/98)