

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P19404

1. Entity Name

SUNSTATES CORPORATION

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90043 044 ***150.00

Principal Place of Business

Mailing Address

4600 MARRIOTT DR #120
RALEIGH NC 37612

PO BOX 30043
RALEIGH NC 27622-0043

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-1664434

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORTENSON, LEE N.	
STREET ADDRESS	55 E MONROE ST	
CITY-ST-ZIP	CHICAGO IL 60603	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	LEONARD, RICHARD A.	
STREET ADDRESS	4600 MARRIOTT DR.	
CITY-ST-ZIP	RALEIGH NC	
TITLE	TVP	<input type="checkbox"/> Delete
NAME	KENNEDY, GLENN J.	
STREET ADDRESS	4600 MARRIOTT DR.	
CITY-ST-ZIP	RALEIGH NC	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRIEDMAN, HOWARD	
STREET ADDRESS	10 S. WACKER	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENGLE, CLYDE WM.	
STREET ADDRESS	55 E MONROE ST	
CITY-ST-ZIP	CHICAGO IL 60603	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAMPSON, HAROLD	
STREET ADDRESS	4600 MARRIOTT DR, STE 200	
CITY-ST-ZIP	RALEIGH NC 27612	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

Richard A. Leonard VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/1/00

(919) 781-5611

Daytime Phone #

CR2E034 (9/99)