

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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90031 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P25189

1. Corporation Name
FAISON ATLANTA, INC.

Principal Place of Business
121 W TRADE ST
~~STE 1900 - ATTN: LEGAL DEPT~~
CHARLOTTE NC 28202
US

Mailing Address
121 W TRADE ST
~~STE 1900 - ATTN: LEGAL DEPT~~
CHARLOTTE NC 28202
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 121 W TRADE STE 2550	26 121 W TRADE STE 2550
22 CHARLOTTE NC	27 CHARLOTTE NC
23 28202 USA	28 28202 USA
24	29

3. Date Incorporated or Qualifier	Applied For
07/14/1989	Not Applicable
4. FEI Number	
58-1407759	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, type or printed name of registered agent and title if applicable					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE	☒ Change	☐ Addit
NAME	FAISON, HENRY J.		1.2 NAME		
STREET ADDRESS	121 WEST TRADE STREET, SUITE 1900		1.3 STREET ADDRESS	121 W TRADE STE 2550	
CITY-ST-ZIP	CHARLOTTE NC		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE	☒ Change	☐ Addit
NAME	NORWOOD, PHILIP W.		2.2 NAME		
STREET ADDRESS	121 WEST TRADE STREET, SUITE 1900		2.3 STREET ADDRESS	121 W TRADE STE 2550	
CITY-ST-ZIP	CHARLOTTE NC		2.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	3.1 TITLE	☐ Change	☒ Addit
NAME	CULPEPPER IV, JAMES H.		3.2 NAME	VST	
STREET ADDRESS	121 WEST TRADE STREET, SUITE 1900		3.3 STREET ADDRESS	BILLIE R WHITAKER	
CITY-ST-ZIP	CHARLOTTE NC		3.4 CITY-ST-ZIP	121 W TRADE STE 2550	
TITLE	VPD	☒ DELETE	4.1 TITLE	☐ Change	☒ Addit
NAME	EWING, MORRIS M.		4.2 NAME	CHARLOTTE NC 28202	
STREET ADDRESS	FIVE CONCOURSE PARKWAY, SUITE 2000		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE	☒ Change	☐ Addit
NAME	ALLEN S JACKSON JR		5.2 NAME	121 W TRADE STE 2550	
STREET ADDRESS	121 WEST TRADE STREET, SUITE 1900		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28202		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☒ Addit
NAME			6.2 NAME	AS	
STREET ADDRESS			6.3 STREET ADDRESS	DIANE K HUNTER	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	121 W TRADE STE 2550	
				CHARLOTTE NC 28202	

14. 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 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* 4-26-99 704-972-25
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Diane K. Hunter ASSISTANT SECRETARY