

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P25189

1. Entity Name
FAISON ATLANTA, INC.



Principal Place of Business
**121 WEST TRADE STREET 27TH FLOOR
CHARLOTTE, NC 28202-5399 US**

Mailing Address
**121 WEST TRADE STREET 27TH FLOOR
SUITE 2550
CHARLOTTE, NC 28202-5399 US**



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1407759

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CD
FAISON, HENRY J.
121 WEST TRADE STREET 27TH FLOOR
CHARLOTTE, NC 28202**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
NORWOOD, PHILIP W.
121 WEST TRADE STREET 27TH FLOOR
CHARLOTTE, NC 28202**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
ALLEN S JACKSON JR
121 WEST TRADE STREET 27TH FLOOR
CHARLOTTE, NC 28202**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AS
FARMER, NANCY L
121 WEST TRADE STREET 27TH FLOOR
CHARLOTTE, NC 28202**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP/T
POPLIN, CHRIS M
121 WEST TRADE STREET 27TH FLOOR
CHARLOTTE, NC 28202**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP/S
NELSON, SHAWN L
121 WEST TRADE STREET 27TH FLOOR
CHARLOTTE, NC 28202**

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01/25/07-80005-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Nancy L. Farmer

**NANCY L. FARMER
ASSISTANT SECRETARY**

1/9/07

Date

704-972-2500

Daytime Phone #