

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25455

FILED  
Jan 09, 2010  
Secretary of State

**Entity Name:** HOLDING PATTERN COMPANY.

**Current Principal Place of Business:**

C/O BANC OF AMERICA STRATEGIC SOLUTIONS, I  
100 S CHARLES ST; 4TH FLOOR  
BALTIMORE, MD 21201 US

**New Principal Place of Business:**

**Current Mailing Address:**

401 N TRYON ST  
NC1-021-02-20  
CHARLOTTE, NC 28255 US

**New Mailing Address:**

**FEI Number:** 95-3999334

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D/P  
**Name:** EPSTEIN, HOWARD C  
**Address:** 401 N TRYON ST NC1-021-02-20  
**City-St-Zip:** CHARLOTTE, NC 28255

**Title:** SVP  
**Name:** MCNAIRY, WILLIAM L  
**Address:** 401 N TRYON ST NC1-021-02-20  
**City-St-Zip:** CHARLOTTE, NC 28255

**Title:** SEC  
**Name:** BARTH, NATHAN A  
**Address:** 401 N TRYON ST NC1-021-02-20  
**City-St-Zip:** CHARLOTTE, NC 28255

**Title:** TREA  
**Name:** BARR, ADRIENNE M  
**Address:** 401 N TRYON ST NC1-021-02-20  
**City-St-Zip:** CHARLOTTE, NC 28255

**Title:** D  
**Name:** NASH, PHYLLIS P  
**Address:** 401 N TRYON ST NC1-021-02-20  
**City-St-Zip:** CHARLOTTE, NC 28255

**Title:** D  
**Name:** FUSZARD, JOSEPH T  
**Address:** 401 N TRYON ST  
**City-St-Zip:** CHARLOTTE, NC 28255

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** WILLIAM L. MCNAIRY

SVP

01/09/2010

Electronic Signature of Signing Officer or Director

Date