

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90184 021 \*\*\*150.00

**DOCUMENT # P32276**

1. Entity Name

**AWH CORPORATION**

Principal Place of Business

Mailing Address

119 BROOKSTOWN AVENUE  
 SUITE 203  
 WINSTON-SALEM NC 27101  
 US

119 BROOKSTOWN AVE STE 203  
 119 BROOKSTOWN AVENUE, SUITE 203  
 WINSTON SALEM NC 27101-5245  
 US

2. Principal Place of Business

3. Mailing Address

**155 SUNNYNOLL COURT**

**155 SUNNYNOLL COURT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 300**

**SUITE 300**

City & State

City & State

**WINSTON-SALEM, NC**

**WINSTON-SALEM, NC**

Zip

Country

Zip

Country

**27106**

**U.S.A.**

**27106**

**U.S.A.**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**54-1094408**

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

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

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HOPEMAN, HARRIET</b>	
STREET ADDRESS	<b>119 BROOKSTOWN AVE., #203</b>	
CITY-ST-ZIP	<b>WINSTON SALEM NC</b>	
TITLE	<b>CPD</b>	<input type="checkbox"/> Delete
NAME	<b>HOPEMAN, H. W</b>	
STREET ADDRESS	<b>119 BROOKSTOWN, AVE., #203</b>	
CITY-ST-ZIP	<b>WINSTON-SALEM NC</b>	
TITLE	<b>VSTD</b>	<input type="checkbox"/> Delete
NAME	<b>WOOD, RUSSELL A.</b>	
STREET ADDRESS	<b>119 BROOKSTOWN AVE., #203</b>	
CITY-ST-ZIP	<b>WINSTON SALEM NC</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>CINDRICK, ROBERT M.</b>	
STREET ADDRESS	<b>119 BROOKSTOWN AVE., #203</b>	
CITY-ST-ZIP	<b>WINSTON SALEM NC</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAVID M. LASCCELL</b>	
STREET ADDRESS	<b>119 BROOKSTOWN AVE. 203</b>	
CITY-ST-ZIP	<b>WINSTON-SALEM NC</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>155 SUNNYNOLL CT., SUITE 300</b>	
CITY-ST-ZIP	<b>(ZIP) 27106</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUSH, HOWARD</b>	
STREET ADDRESS	<b>155 SUNNYNOLL CT., SUITE 300</b>	
CITY-ST-ZIP	<b>(ZIP) 27106</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>155 SUNNYNOLL CT., SUITE 300</b>	
CITY-ST-ZIP	<b>(ZIP) 27106</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>155 SUNNYNOLL CT., SUITE 300</b>	
CITY-ST-ZIP	<b>(ZIP) 27106</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GLENN C. BOSWELL</b>	
STREET ADDRESS	<b>155 SUNNYNOLL CT., SUITE 300</b>	
CITY-ST-ZIP	<b>WINSTON-SALEM, NC 27106</b>	

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 like empowered.

SIGNATURE: Robert M. Cindrck **ROBERT M. CINDRICK** 2/16/00 (336) 722-5195  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)