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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JAN 23 AM 9 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P33081

(1)

1. Corporation Name

AT-HOLD, INC.

Principal Place of Business

8757 RED OAK BOULEVARD
CHARLOTTE NC 28217-3958

Mailing Address

8757 RED OAK BOULEVARD
CHARLOTTE NC 28217-3958

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/08/1991

3a. Date of Last Report

06/27/1994

4. FEI Number

56-1725143

Applied For

Not Applicable

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Two LakePointe Plaza

Suite, Apt. #, etc.

22 4135 South Stream Blvd.

City & State

23 Charlotte, NC

Zip

28217

Country

25 U.S.A.

2a. Mailing Address

26 Two LakePointe Plaza

Suite, Apt. #, etc.

27 4135 South Stream Blvd.

City & State

28 Charlotte, NC

Zip

29 28217

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	SMITH, THOMAS J.	8757 RED OAK BLVD.	CHARLOTTE NC
VD	COTHRAN, ROGER L.	8757 RED OAK BLVD.	CHARLOTTE NC
STD	BUDNICK, RONALD V.	8757 RED OAK BLVD.	CHARLOTTE NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
P/D	Smith, Thomas J.	Two LakePointe Plaza, 4135 S. Stream Blvd.	Charlotte, NC 28217	☒	☐
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
V/D	Cothran, Roger L.	Two LakePointe Plaza, 4135 S. Stream Blvd.	Charlotte, NC 28217	☒	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
S/T/D	Budnick, Ronald V.	Two LakePointe Plaza, 4135 S. Stream Blvd.	Charlotte, NC 28217	☒	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
AS	Ricardo Willems	Two LakePointe Plaza, 4135 S. Stream Blvd.	Charlotte, NC 28217	☐	☒
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				☐	☐
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 at Block 12 or Block 13 of this document, on an attachment, or on an address.

SIGNATURE:

R. V. Budnick

Ronald V. Budnick

704-329-5100

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

Title

Typed Name