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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P33256

(9)

NATIONSBANC SERVICES, INC.

FILED May 14 1998 8:00am Secretary of State

| T RUBRING TUD THRA | Bill 81811 81811 | U U 0 U 4 1 | |
|--------------------|------------------|---------------|--|

| Principal Place of Business | | | Mailing Address | | I tonting ting trite titel eine s | | | | | |
|--|---|---|----------------------------------|--------------|---|-----------------|--|----------------|------------------|--------------------|
| 718T FLOOR 901 MAIN ST. DALLAS TX 75202 | | | 401 N TYRON ST. NC1-021-03-09 | | | | | | | |
| | | - | ORPORATE TAX ARLOTTE NC 28255 | | | | DO NOT WRIT | E IN THIS S | PACE | |
| PALLAS IX 75202 | | | THEOTIE NO LOCUS | | | | 3. Date Incorporated or Qualified | | | |
| : | | | | | | | 03/20/1991 | | | |
| 2. 401 N TRYON ST NC1-021-03-09 21 CHARLOTTE NC 28265 | | 2a. N | 2a. Mailing Address | | | 4. FEI Number | | | Applied For | |
| | | 26 | Suite, Apt. #, etc. | | 75-1738434 | | | Not Applicable | | |
| | | | | | F F Printing A At Status Deputed | | | 75 Additional | | |
| 22 | | 27 | | | | | | | Fe | e Required |
| City & State | e | | City & State | | | | 6. Election Campaign Financing | | | .00 May Be |
| 23 | | 28 | | Carra | | | Trust Fund Contribution | | | ded to Fees |
| Zip | Country | ⊢-ı | 'p | Count | uy | | 8. This corporation owes or has p | | ent ye:] Yes | ar Intangible |
| 24 | 25] 9. Name and Address of Curre | 29 ent Begiste | red Agent | 30 | | | Personal Property Tax due Jun 10. Name and Address of New R | | | <u> </u> |
| ^T | | on nograto | - ou Agoin | 8 | 31 | Name | 10. 110.110 01.0 7.00 07.100 7. | 9.0.0.00 | 9 | |
| | CORPORATION SYSTEM | | | L | _ | | | | | |
| | 00 S. Pine Island Road Antation FL 33324 | | | 8 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| יוי | 411AHUN FL 33324 | | | | 33 | | | | | |
| | | | | | | | | | | |
| | | | | 8 | 34 | City | | FL | 85 | Zip Code |
| 11. Purquant | to the provisions of Sections 607.05 | -02 and 607 | 7 15(18 Fiorida Statute | es the abr | 200- | named co | progration submits this statement for the | purpose of | .ll. chang | ing its registered |
| office or r | egistered agent, or both, in the Star m familiar with, and accept the obli | te of Florida | : Such change was a | udborized. | by 1 | the corpor | ation's board of directors. I hereby according | ept the appo | intmei | nt as registered |
| | m familiar with, and accept the obli | gations of, i | Section 607.0505, Fio | rida Statul | ies. | | | | | |
| SIGNATURE | Signature type dior printed hard of registered in | carest and title it | acrolicable (NOTE | Rog stered A | Ageni | (signature reg | uired when reinstating) | DATE | | |
| 12. | OF LICERS A | | | 13. | | | ADDITIONS/CHANGES TO OFF | ICERS AND | DIREC | TORS IN 12 |
| TITLE | COB | | DELETE | 1.1 100 | E | | | | Cha | ange Addition |
| NAME | DIXON, JAMES D | | | 1.2 NAM | 4E | | | | | ŀ |
| STREET ADDRESS | 401 N TRYSON S 401 N T | | NC1-021-03-09 | 1.3 STRE | EET A | DDRESS | | | | |
| CITY-ST-ZIP | CHARLOTTE NO CHARL | LOTTE NO | 28255 | 1.4 CITY | /-S1- | - ZIP | | | | |
| TITLE | Ъ | | ☐ DELETE | 2.1 TITU | E | | | | Cha | inge Addition |
| NAME | PALERMO, JAMES R | | | 2.2 NAM | AF. | 1 | | | | |
| STREET ADDRESS | 401 N TRYON ST, %CORPC | PRATE TAX | 4 | 2.3 STRE | EFT A | DDRESS | | | | |
| CITY-ST-ZIP | CHARLOTTE NC | | | 2. 4 CIT | Y-ST | - ZIP | | | | |
| TITLE | 8 | | DELETE | 3.1 TITLI | E | | | | Cha | ange Addition |
| NAME | SPRADLING, BARBARA D. | | | 3.2 NAM | AE. | ļ | | | | 1 |
| STREET ADDRESS | 901 MAIN ST., STE. 6800 | | | 3.3 STRE | EET A | DDRESS | | | | 1 |
| CITY-ST-ZIP | DALLAS TX | | | 3.4. CITY | Y-S1 | - ZIP | | | | |
| TITLE | PD | | DELETE | 4.1 T(TL) | E | <u> </u> | | | Cha | ange |
| NAME | DIXON, JAMES D. | | | 4. 2 NAM | VΕ | | | | | |
| STREET ADDRESS | 600 PEACHTREE NE 55TH | FLOOR | | 4.3 S1RE | FCT A | DDRESS | | | | |
| CITY-ST-ZIP | ATLANTA GA | | | 4.4 CITY | /-ST- | - 7IP | | | | |
| TITLE | D | | DELETE | 5.1 ¥(TL) | E | | | | Cha | ange |
| NAME | STANHOUSE, WAYNE | | | 5.2 NAM | Æ | | | | | |
| STREET ADDRESS | 401 N TRYON ST, %CORPO | RATE TAX | 4 | 5.3 STRE | EE1 A | IDDRESS | | | | |
| CITY-ST-ZIP | CHARLOTTE NC | | | 5.4 CITY | | 1 | | | | |
| TITLE | P | | DELETE | 6.1 TITU | | | | | Cha | ange Addition |
| NAME | DIXON, JAMES D | | | 6.2 NAM | AE. | | | | | |
| STREET ADDRESS | 401 N TRYON ST, %CORPO | RATE TAX | 1 | 6.3 S1R6 | EET A | IDDRESS | | | | |
| CITY-ST-ZIP | CHARLOTTE NC | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | _ | 6.4 CITY | | - 1 | | | | |
| 44 + 1 | and for that the independing complete | and the offi | y door not qualify to | | | | in Section 110 07(3\(i)) Florida Statutos | I further cer | tify the | at the information |

i nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.