SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P35928** **(1)**

1. Corporation Name
SPATCO, INC.

Principal Place of Business	Mailing Address
4800 NORTH GRAHAM STREET CHARLOTTE NC 28202-1436	4800 NORTH GRAHAM STREET CHARLOTTE NC 28202-1436

3. Date Incorporated or Qualified: **10/15/1991**
3a. Date of Last Report: **11/14/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **56-0408360** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 of New Registered Agent, if changed) _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~CEO~~	☐ DELETE	11 TITLE	C.O.O.	☒ Change ☐ Addition
NAME	~~BRUNS, PATRICK~~		12 NAME	Charles E. Tew	
STREET ADDRESS	4800 N. GRAHAM STREET		13 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		14 CITY-ST-ZIP		
TITLE	~~P~~	☐ DELETE	21 TITLE	CFO	☒ Change ☐ Addition
NAME	~~MCLAREN, ALISTAIR~~		22 NAME	Mark J. Allison	
STREET ADDRESS	4800 N. GRAHAM STREET		23 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	DAVID, ANDREW		32 NAME		
STREET ADDRESS	4800 N. GRAHAM STREET		33 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	PAPPAS, MICHAEL		42 NAME		
STREET ADDRESS	4800 N. GRAHAM STREET		43 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		44 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	CHRISTY, ADELINE		52 NAME		
STREET ADDRESS	4800 N. GRAHAM ST.		53 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		54 CITY-ST-ZIP		
TITLE	[illegible]	☐ DELETE	61 TITLE	Assistant Secretary	☐ Change ☒ Addition
NAME			62 NAME	Paula M. Martin	
STREET ADDRESS			63 STREET ADDRESS	4800 N. Graham St.	
CITY-ST-ZIP			64 CITY-ST-ZIP	Charlotte, NC 28209	

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 119.07(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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] _____ DATE _____ Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)