

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90001 001 \*\*\*150.00

**DOCUMENT # P37907**

1. Entity Name

**GAINSBOROUGH CORPORATION**

Principal Place of Business

Mailing Address

**301 SOUTH TRYON ST.  
 CHARLOTTE NC 28288**

**TWO FIRST UNION CENTER  
 0200  
 CHARLOTTE NC 28288  
 US**

2. Principal Place of Business

3. Mailing Address

**ONE FIRST UNION CENTER**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**CHARLOTTE NC**

Zip

Country

Zip

Country

**28288**

**USA**

4. FEI Number

**56-1744808**

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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUTCHFIELD, E. E., JR.	NAME	CARLYLE E. STULL, JR.
STREET ADDRESS	ONE FIRST UNION CENTER	STREET ADDRESS	ONE FIRST UNION CENTER
CITY-ST-ZIP	CHARLOTTE NC	CITY-ST-ZIP	CHARLOTTE NC 28288
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARION A COWELL	NAME	JAMES H. HATCH
STREET ADDRESS	ONE FIRST UNION CENTER	STREET ADDRESS	TWO FIRST UNION CENTER
CITY-ST-ZIP	CHARLOTTE NC	CITY-ST-ZIP	CHARLOTTE NC 28288
TITLE	TO <input checked="" type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOINS, HERMAN	NAME	DAVID A. DRAKE
STREET ADDRESS	TWO FIRST UNION CENTER	STREET ADDRESS	ONE FIRST UNION CENTER
CITY-ST-ZIP	CHARLOTTE NC	CITY-ST-ZIP	CHARLOTTE NC 28288
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIONA COWELL	NAME	KEITH D. LEMBO
STREET ADDRESS	ONE FIRST UNION CENTER	STREET ADDRESS	ONE FIRST UNION CENTER
CITY-ST-ZIP	CHARLOTTE NC	CITY-ST-ZIP	CHARLOTTE NC 28288
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHERN, JAMES W	NAME	
STREET ADDRESS	TWO FIRST UNION CENTER	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28288	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATHAWAY, KENT S.	NAME	
STREET ADDRESS	TWO FIRST UNION CENTER	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES W. AHERN** 4-20-00 704/374-6841

Date

Daytime Phone #

CR2E034 (9/99)