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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90015 028 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P40675

1. Corporation Name
PALM POWER CORPORATION

Principal Place of Business
**50 BEALE ST
SAN FRANCISCO CA 94105
US**

Mailing Address
**50 BEALE ST
C/O TAX DEP
SAN FRANCISCO CA 94105
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1992

4. FEI Number

94-3115336

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 **9405 Arrowpoint Blvd.**

2a. Mailing Address
26 **9405 Arrowpoint Blvd.**

Suite, Apt. #, etc.
22 **c/o Legal Department**

Suite, Apt. #, etc.
27 **c/o Legal Department**

City & State
23 **Charlotte, NC**

City & State
28 **Charlotte, NC**

Zip Country
24 **28273** 25 **Mecklenburg**

Zip Country
29 **28273** 30 **Mecklenburg**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **CARTER, J. D.**
STREET ADDRESS **50 BEALE STREET**
CITY-ST-ZIP **SAN FRANCISCO CA**

TITLE **EVD** ☒ DELETE
NAME **CAIN, F.J.**
STREET ADDRESS **50 BEALS ST.**
CITY-ST-ZIP **SAN FRANCISCO CA**

TITLE **S** ☒ DELETE
NAME **SEDAR, B.D.**
STREET ADDRESS **50 BEALE ST.**
CITY-ST-ZIP **SAN FRANCISCO CA**

TITLE **VPT** ☒ DELETE
NAME **UNRUH, V.P.**
STREET ADDRESS **50 BEALE STREET**
CITY-ST-ZIP **SAN FRANCISCO CA**

TITLE **VCT** ☒ DELETE
NAME **PROCTOR, G.C.**
STREET ADDRESS **50 BEALE STREET**
CITY-ST-ZIP **SAN FRANCISCO CA**

TITLE **AC** ☒ DELETE
NAME **MARTELLO, M.E.**
STREET ADDRESS **50 BEALE STREET**
CITY-ST-ZIP **SAN FRANCISCO CA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Chief Exec. Officer** ☒ Change ☐ Addition
1.2 NAME **David J. Lewis**
1.3 STREET ADDRESS **9405 Arrowpoint Blvd.**
1.4 CITY-ST-ZIP **Charlotte, NC 28273-8110**

2.1 TITLE **President/Chief Oper. Officer** ☒ Change ☐ Addition
2.2 NAME **Mark F. Miller**
2.3 STREET ADDRESS **9405 Arrowpoint Blvd.**
2.4 CITY-ST-ZIP **Charlotte, NC 28273-8110**

3.1 TITLE **Group Sr. Vice President** ☒ Change ☐ Addition
3.2 NAME **Dennis W. Alexander**
3.3 STREET ADDRESS **9405 Arrowpoint Blvd.**
3.4 CITY-ST-ZIP **Charlotte, NC 28273-8110**

4.1 TITLE **Group Sr. Vice President/Operations** ☒ Change ☐ Addition
4.2 NAME **Bruno R. Dunn**
4.3 STREET ADDRESS **9405 Arrowpoint Blvd.**
4.4 CITY-ST-ZIP **Charlotte, NC 28273-8110**

5.1 TITLE **Sr. Vice President/Finance-Treasurer** ☒ Change ☐ Addition
5.2 NAME **Thomas F. Schwartz**
5.3 STREET ADDRESS **9405 Arrowpoint Blvd.**
5.4 CITY-ST-ZIP **Charlotte, NC 28273-8110**

6.1 TITLE **Assistant Secretary** ☒ Change ☐ Addition
6.2 NAME **Lori M. Toole**
6.3 STREET ADDRESS **9405 Arrowpoint Blvd.**
6.4 CITY-ST-ZIP **Charlotte, NC 28273-8110**

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lori M. Toole
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED Toole, Assistant Secretary 4/30/99

Date

Daytime Phone #

704/525-3800

CR2E034 (11/98)