

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
2000



FLORIDA DEPARTMENT OF
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90031 001 ***150.00

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

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

24 28273

Country

25 Mecklenburg

Zip

29 28273

Country

30 Mecklenburg

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE

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

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**

TITLE **EVD** ☒ DELETE

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

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**

TITLE **S** ☒ DELETE

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

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**

TITLE **VPT** ☒ DELETE

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

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**

TITLE **VCT** ☒ DELETE

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

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**

TITLE **AC** ☒ DELETE

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

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)(f), 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*

Lori M. Toole, Assistant Secretary **5-1-00**

704/525-384