

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40675

1. Entity Name

PALM POWER CORPORATION

Principal Place of Business

9405 ARROWPOINT BLVD
C/O LEGAL DEPARTMENT
CHARLOTTE NC 28273
US

Mailing Address

9405 ARROWPOINT BLVD
C/O LEGAL DEPARTMENT
CHARLOTTE NC 28273
US

2. Principal Place of Business

9405 Arrowpoint Blvd.

3. Mailing Address

9405 Arrowpoint Blvd.

Suite, Apt. #, etc.

c/o Legal Department

Suite, Apt. #, etc.

c/o Legal Department

City & State

Charlotte, NC

City & State

Charlotte, NC

Zip

28273-8110

Country

Mecklenburg

Zip

28273-8110

Country

Mecklenburg



DO NOT WRITE IN THIS SPACE

4. FEI Number

94-3115336

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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, 2001 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

TITLE NAME	CEO LEWIS, DAVID J	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	9405 ARROWPOINT BLVD CHARLOTTE NC 28273	
TITLE NAME	PCOO MILLER, MARK F	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	9405 ARROWPOINT BLVD CHARLOTTE NC 28273	
TITLE NAME	GSVP ALEXANDER, DENNIS W	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	9405 ARROWPOINT BLVD CHARLOTTE NC 28273	
TITLE NAME	GSVP DUNN, BRUNO R	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	9405 ARROWPOINT BLVD CHARLOTTE NC 28273	
TITLE NAME	SVPT SCHWARTZ, THOMAS F	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	9405 ARROWPOINT BLVD CHARLOTTE NC 28273	
TITLE NAME	AS TOOLE, LORI M	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	9405 ARROWPOINT BLVD CHARLOTTE NC 28273	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	Sole Director David J. Lewis	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	9405 Arrowpoint Blvd. Charlotte, NC 28273-8110	
TITLE NAME	President Mark F. Miller	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	9405 Arrowpoint Blvd. Charlotte, NC 28273-8110	
TITLE NAME	Sr. VP-OC and Sec'y Dennis W. Alexander	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	9405 Arrowpoint Blvd. Charlotte, NC 28273-8110	
TITLE NAME	Sr. VP-Operations Bruno R. Dunn	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	9405 Arrowpoint Blvd. Charlotte, NC 28273-8110	
TITLE NAME	Sr. VP and CFO Thomas F. Schwartz	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	9405 Arrowpoint Blvd. Charlotte, NC 28273-8110	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 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:

Lori M. Toole

Lori M. Toole

3/7/01

Date

704/525-3800

Daytime Phone #

CR2E034 (10/00)

044212