


FILED
Apr 07, 2006 8:00 am
Secretary of State

40045697

DOCUMENT # P40675						04-07-2006 90019 028 ***150.00	
1. Entity Name PALM POWER CORPORATION							
Principal Place of Business 9405 ARROWPOINT BLVD C/O LEGAL DEPARTMENT CHARLOTTE, NC 28273-8110 US				Mailing Address 9405 ARROWPOINT BLVD C/O LEGAL DEPARTMENT CHARLOTTE, NC 28273-8110 US			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
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				Name			
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)			
City				City			
FL				FL			
Zip Code				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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE AS <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME GREEN, PHYLLIS K				NAME			
STREET ADDRESS 9405 ARROWPOINT BLVD				STREET ADDRESS			
CITY-ST-ZIP CHARLOTTE, NC 282738110				CITY-ST-ZIP			
TITLE DV <input type="checkbox"/> Delete				TITLE DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME BONNER, THOMAS J				NAME BONNER, THOMAS J.			
STREET ADDRESS 9405 ARROWPOINT BLVD				STREET ADDRESS 9405 ARROWPOINT BLVD.			
CITY-ST-ZIP CHARLOTTE, NC 282738110				CITY-ST-ZIP CHARLOTTE, NC 28273-8110			
TITLE DVT <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME O'CONNOR, JOHN W				NAME			
STREET ADDRESS 9405 ARROWPOINT BLVD				STREET ADDRESS			
CITY-ST-ZIP CHARLOTTE, NC 282738110				CITY-ST-ZIP			
TITLE DP <input checked="" type="checkbox"/> Delete				TITLE V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME DUNN, BRUNO R				NAME HASHE, WILLIAM E.			
STREET ADDRESS 9405 ARROWPOINT BLVD				STREET ADDRESS 9405 ARROWPOINT BLVD.			
CITY-ST-ZIP CHARLOTTE, NC 282738110				CITY-ST-ZIP CHARLOTTE, NC 28273-8110			
TITLE S <input type="checkbox"/> Delete				TITLE VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME RIPPETOE, ELIZABETH L				NAME			
STREET ADDRESS 9405 ARROWPOINT BLVD				STREET ADDRESS			
CITY-ST-ZIP CHARLOTTE, NC 282738110				CITY-ST-ZIP			
TITLE V <input checked="" type="checkbox"/> Delete				TITLE Controller and Chief Accounting <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME CARRAUX, GARY M				NAME Rudolph, S.M.			
STREET ADDRESS 9405 ARROWPOINT BLVD				STREET ADDRESS 9405 Arrowpoint Blvd.			
CITY-ST-ZIP CHARLOTTE, NC 28273				CITY-ST-ZIP Charlotte, NC 28273-8110			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Anne M. Reece</u> <u>Anne M. Reece, Assistant Secretary</u> <u>March 31, 2006</u> <u>704-525-3800</u>							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							

ATTACHMENT

40045697

03/21/2006

Palm Power Corporation

Florida Doc. # P40675

Principal Place of
Business:

9405 Arrowpoint Boulevard
Charlotte, NC 28273-8110
USA

<u>Officer</u>	<u>Title</u>
Thomas J. Bonner	P/D
Mark A. Casper	V
Michael L. Everett	AT
Phyllis K. Green	AS
Kimberly H. Harris	AC
William E. Hashe	V
John W. O'Connor	V/T/D
Anne M. Reece	AS
Elizabeth L. Rippetoe	V/S/D
Andre P. Rose	AS
S. M. Rudolph	C/CAO