

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90010 037 \*\*\*150.00

40042314



02272007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P40675</b> 1. Entity Name <b>PALM POWER CORPORATION</b>					
Principal Place of Business <b>9405 ARROWPOINT BLVD C/O LEGAL DEPARTMENT CHARLOTTE, NC 28273-8110 US</b>			Mailing Address <b>9405 ARROWPOINT BLVD C/O LEGAL DEPARTMENT CHARLOTTE, NC 28273-8110 US</b>		
2. Principal Place of Business - No P.O. Box #		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			7. Name and Address of New Registered Agent		
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS GREEN, PHYLLIS K 9405 ARROWPOINT BLVD CHARLOTTE, NC 282738110</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP BONNER, THOMAS J 9405 ARROWPOINT BLVD CHARLOTTE, NC 282738110</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT O'CONNOR, JOHN W 9405 ARROWPOINT BLVD CHARLOTTE, NC 282738110</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HASHE, WILLIAM E 9405 ARROWPOINT BLVD CHARLOTTE, NC 282738110</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD RIPPETOE, ELIZABETH L 9405 ARROWPOINT BLVD CHARLOTTE, NC 282738110</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CCA RUDOLPH, S.M. 9405 ARROWPOINT BLVD CHARLOTTE, NC 28273811</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <u>Anne M. Reece</u> Anne M. Reece, Assistant Secretary 3-24-2007 704-525-3800</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

03/19/2007

ATTACHMENT

Corporate Datasheet

40042314

**Palm Power Corporation**

**Florida Doc.# P40675**

Principal Place of  
Business:

9405 Arrowpoint Boulevard  
Charlotte, NC 28273-8110  
USA

Officer

Title

Thomas J. Bonner

P/D

Mark A. Casper

V

Michael L. Everett

AT

Phyllis K. Green

AS

William E. Hashe

V

Christine D. Leapley

AC

John W. O'Connor

V/T/D

Anne M. Reece

AS

Elizabeth L. Rippetoe

V/S/D

S. M. Rudolph

C/CAO