

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90156 005 ***150.00

DOCUMENT # P40675

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**

4. FEI Number

94-3115336

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	LEWIS, DAVID J	
STREET ADDRESS	9405 ARROWPOINT BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28273-8110	
TITLE	P	<input type="checkbox"/> Delete
NAME	MILLER, MARK F	
STREET ADDRESS	9405 ARROWPOINT BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28273-8110	
TITLE	SVPS	<input type="checkbox"/> Delete
NAME	ALEXANDER, DENNIS W	
STREET ADDRESS	9405 ARROWPOINT BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28273-8110	
TITLE	SVPO	<input type="checkbox"/> Delete
NAME	DUNN, BRUNO R	
STREET ADDRESS	9405 ARROWPOINT BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28273-8110	
TITLE	SVPC	<input type="checkbox"/> Delete
NAME	SCHWARTZ, THOMAS F	
STREET ADDRESS	9405 ARROWPOINT BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28273-8110	
TITLE	AS	<input type="checkbox"/> Delete
NAME	TOOLE, LORI M	
STREET ADDRESS	9405 ARROWPOINT BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28273	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP and CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lori M. Toole
LORI M. TOOLE, Asst. Secretary

(704) 525-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)