

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000070031 (7)**

1. Corporation Name  
**CHASE I, INC.**

Principal Place of Business

**401 NORTH TRYON ST.  
C/O CHASE FEDERAL BANK  
CHARLOTTE NC 28255  
US**

Mailing Address

**401 NORTH TRYON ST.  
C/O CHASE FEDERAL BANK  
CHARLOTTE NC 28255  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/22/1994**

4. FEI Number

**65-0553784**

Applied For  
Not Applicable

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. **401 N TRYON ST NC1-021-03-09  
CHARLOTTE NC 28255**

2a. **401 N TRYON ST NC1-021-03-09  
CHARLOTTE NC 28255**

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**WOLFSON, MERYL  
7300 N KENDALL DRIVE  
MIAMI FL 33156**

10. Name and Address of New Registered Agent

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

TITLE **PD** ☐ DELETE  
NAME **MACK, JOHN E.**  
STREET ADDRESS **401 NORTH TRYON**  
CITY-ST-ZIP **CHARLOTTE NC 401 N TRYON ST NC1-021-03-09  
CHARLOTTE NC 28255**

TITLE **S**  
NAME **LUCAS, MARY A**  
STREET ADDRESS **401 NORTH TRYON ST.**  
CITY-ST-ZIP **CHARLOTTE NC**

TITLE **TDO** ☐ DELETE  
NAME **WILLIAMS, GARY**  
STREET ADDRESS **401 NORTH TRYON ST.**  
CITY-ST-ZIP **CHARLOTTE NC**

TITLE **D** ☐ DELETE  
NAME **KISER, JAMES W.**  
STREET ADDRESS **401 NORTH TRYON ST.**  
CITY-ST-ZIP **CHARLOTTE NC**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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.

SIGNATURE

704

CR2E034 (10/97)