

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 818652 (0)

1. Corporation Name
ALLISON-ERWIN COMPANY

Principal Place of Business 2920 N TRYON ST CHARLOTTE NC 28206	Mailing Address P.O. BOX 32308 CHARLOTTE NC 28232
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	26	22	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified
04/13/1965

4. FEI Number
56-0236210

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

9. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMILLAN, DOUG	1.2 NAME	
STREET ADDRESS	2920 N TRYON ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28206	1.4 CITY-ST-ZIP	
TITLE	PCOO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATKINS, GARY	2.2 NAME	
STREET ADDRESS	2920 N TRYON ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28206	2.4 CITY-ST-ZIP	
TITLE	VCFO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLISON, BOB	3.2 NAME	
STREET ADDRESS	2920 N TRYON ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28206	3.4 CITY-ST-ZIP	
TITLE	VPSL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIGGEY, BRENNAN	4.2 NAME	
STREET ADDRESS	2920 N. TYRON ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	4.4 CITY-ST-ZIP	
TITLE	SMKT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIGGEY, BRENNAN	5.2 NAME	
STREET ADDRESS	2920 N. TYRON ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Bob Allison* **Bob Allison** 2/11/98 704/774 8121

CR2E034 (10/97)