

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

001096

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90118 027 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 818652**

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

3. Date Incorporated or Qualified <b>04/13/1965</b>	
4. FEI Number <b>56-0236210</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		30	
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CCEO</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMILLAN, DOUG</b>	1.2 NAME	
STREET ADDRESS	<b>2920 N TRYON ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHARLOTTE NC 28206</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PCOO</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATKINS, GARY</b>	2.2 NAME	
STREET ADDRESS	<b>2920 N TRYON ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHARLOTTE NC 28206</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VCFO</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLISON, BOB</b>	3.2 NAME	
STREET ADDRESS	<b>2920 N TRYON ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHARLOTTE NC 28206</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VPSL</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIGGEY, BRENNAN</b>	4.2 NAME	
STREET ADDRESS	<b>2920 N. TYRON ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHARLOTTE NC</b>	4.4 CITY-ST-ZIP	
TITLE	<b>SMKT</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIGGEY, BRENNAN</b>	5.2 NAME	
STREET ADDRESS	<b>2920 N. TYRON ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHARLOTTE NC</b>	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, with all other like empowered.

SIGNATURE: *Bob Allison* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **REQUIRED** **ALLISON**  
 Date: 1/4/99 Daytime Phone #: 704/348-2840