

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 818652

FILED  
Apr 22, 2002 8:00 AM  
Secretary of State

Entity Name: ALLISON-ERWIN COMPANY

**Current Principal Place of Business:**

2920 N TRYON ST  
CHARLOTTE, NC 28206

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 32308  
CHARLOTTE, NC 28232

**New Mailing Address:**

FEI Number: 56-0236210      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCOO ( ) Delete  
Name: WATKINS, GARY  
Address: 2920 N TRYON ST  
City-St-Zip: CHARLOTTE, NC 28206

Title: VCFO ( ) Delete  
Name: ALLISON, BOB  
Address: 2920 N TRYON ST  
City-St-Zip: CHARLOTTE, NC 28206

Title: VPSL ( ) Delete  
Name: GIGGEY, BRENNAN  
Address: 2920 N. TYRON ST  
City-St-Zip: CHARLOTTE, NC

Title: SMKT ( ) Delete  
Name: GIGGEY, BRENNAN  
Address: 2920 N. TYRON ST  
City-St-Zip: CHARLOTTE, NC

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB ALLISON

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

VCFO

04/22/2002

\_\_\_\_\_ Date