

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 818652

FILED
Apr 28, 2005
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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: ALLISON, BOB
Address: 2920 N TRYON ST
City-St-Zip: CHARLOTTE, NC 28206

Title: SEC (X) Change () Addition
Name: ALLISON, RHONDA
Address: 2920 N TRYON ST
City-St-Zip: CHARLOTTE, NC 28206

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

PCEO

04/28/2005

_____ Date