

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90157 029 ***150.00

DOCUMENT # 831341

1. Entity Name

FARMINGTON, INCORPORATED

Principal Place of Business

Mailing Address

**TWO FIRST UNION CENTER. CONT-1-0200
 CHARLOTTE. N C 28288**

**TWO FIRST UNION CENTER. CONT-1-0200
 CHARLOTTE. N C 28288**

2. Principal Place of Business

3. Mailing Address

ONE FIRST UNION CENTER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CHARLOTTE NC

City & State

4. FEI Number

56-0896756

Applied For

Not Applicable

Zip

Country

28288

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
 SUITE #420
 FIRST FLORIDA BANK BLDG.
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back.)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MAYNOR, JAMES E	
STREET ADDRESS	TWO FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NC 28288	
TITLE	V	<input type="checkbox"/> Delete
NAME	AHERN, JAMES	
STREET ADDRESS	TWO FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NC 28288	
TITLE	S	<input type="checkbox"/> Delete
NAME	MILLER, JERRY M., JR.	
STREET ADDRESS	ONE FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NC 28288	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COWELL, JR., MARION A.	
STREET ADDRESS	ONE FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NC 28288	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANTONINI, JACK M	
STREET ADDRESS	ONE FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NC 28288	
TITLE	T	<input type="checkbox"/> Delete
NAME	HATCH, JAMES	
STREET ADDRESS	TWO FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NC 28288	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH D. LEMBO	
STREET ADDRESS	ONE FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NC 28288	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE:

James W. Ahern

JAMES W. AHERN

4-20-00

704-374-6841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)