

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State
 04-28-2001 90015 020 ***150.00

DOCUMENT # 831341

1. Entity Name
FARMINGTON, INCORPORATED

Principal Place of Business
TWO FIRST UNION CENTER. CONT-1-0200
CHARLOTTE. NC 28288

Mailing Address
TWO FIRST UNION CENTER. CONT-1-0200
CHARLOTTE. NC 28288

6 4 6 2 6 6



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|--------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 56-0896756 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|--|--|--|--|--|--|----|--|
| 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 | |

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 _____ (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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---|---|---|
| TITLE | P MAYNOR, JAMES E TWO FIRST UNION CENTER CHARLOTTE NC 28288 <input checked="" type="checkbox"/> Delete | TITLE | P DEARA M. WARREN 201 SOUTH COLLEGE ST. CHARLOTTE NC 28288 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | V AHERN, JAMES TWO FIRST UNION CENTER CHARLOTTE NC 28288 <input type="checkbox"/> Delete | TITLE | D KEITH D. LEMBO ONE FIRST UNION CENTER CHARLOTTE NC 28288 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | S MILLER, JERRY-M., JR. ONE FIRST UNION CENTER CHARLOTTE NC 28288 <input type="checkbox"/> Delete | TITLE | |
| TITLE | D COWELL, JR., MARION A. ONE FIRST UNION CENTER CHARLOTTE NC 28288 <input checked="" type="checkbox"/> Delete | TITLE | |
| TITLE | D ANTONINI, JACK M ONE FIRST UNION CENTER CHARLOTTE NC 28288 <input checked="" type="checkbox"/> Delete | TITLE | |
| TITLE | T HATCH, JAMES TWO FIRST UNION CENTER CHARLOTTE NC 28288 <input type="checkbox"/> Delete | TITLE | |

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 4-19-01** **704-374-6841**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)