


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90001 013 ***150.00

DOCUMENT # 831341
 1. Entity Name
FARMINGTON, INCORPORATED



Principal Place of Business
**ONE WACHOVIA CENTER
 CHARLOTTE, NC 28288**

Mailing Address
**TWO WACHOVIA CENTER
 NCO200, J. CAMP
 CHARLOTTE, NC 28288**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
201 S. College St.
 Suite, Apt. #, etc.
NCO200, Attn: Jenny Fulwood
 City & State
Charlotte, NC



01062004 Chg-P CR2E034 (10/03)

4. FEI Number
56-0896756

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS ST.
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P	NAME WARREN, DEBRA M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS ONE WACHOVIA CENTER	CITY-ST-ZIP CHARLOTTE, NC 28288	
TITLE VP	NAME GOINS, HERMAN T	<input checked="" type="checkbox"/> Delete
STREET ADDRESS TWO WACHOVIA CENTER	CITY-ST-ZIP CHARLOTTE, NC 28288	
TITLE S	NAME MILLER, JERRY M., JR.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS ONE WACHOVIA CENTER	CITY-ST-ZIP CHARLOTTE, NC 28288	
TITLE D	NAME WATKINS, MICHAEL A	<input type="checkbox"/> Delete
STREET ADDRESS ONE WACHOVIA CENTER	CITY-ST-ZIP CHARLOTTE, NC 28288	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S	NAME Rebecca Softy Henderson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 201 S. College St.	CITY-ST-ZIP Charlotte, NC 28202-6000	
TITLE VP	NAME Hebert A Ware	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 201 S College St.	CITY-ST-ZIP Charlotte, NC 28244-0200	
TITLE T	NAME THOMAS J WUETZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 301 STYON ST.	CITY-ST-ZIP Charlotte, NC 28288-0207	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Herbert A. Ware Date: 01/08/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #