

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

pg 10/2

DOCUMENT # 852035 (5)
1. Corporation Name
ODELL ASSOCIATES INC.



Principal Place of Business: **129 W. TRADE STREET CHARLOTTE NC 28202**
Mailing Address: **129 W. TRADE STREET CHARLOTTE NC 28202**

3. Date Incorporated or Qualified: **03/01/1982**
3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **56-0952726**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fees Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

g. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. *See Attached* OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	ROOK, BENJAMIN T	
STREET ADDRESS	101 HERMITAGE ROAD	
CITY - ST - ZIP	CHARLOTTE NC	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, ROY W	
STREET ADDRESS	3741 LARKSTON DRIVE	
CITY - ST - ZIP	CHARLESTON NC	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	BOST, WALTER L	
STREET ADDRESS	105 BROOKSHIRE AVENUE	
CITY - ST - ZIP	KANNAPOLIS NC	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	RAMSEUR, J. D	
STREET ADDRESS	5327 ROBINHOOD ROAD	
CITY - ST - ZIP	CHARLOTTE NC	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GRIFFIN, ROBERT G	
STREET ADDRESS	12330 FRAMAR DRIVE	
CITY - ST - ZIP	MIDLOTHIAN VA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HOLLENBACH, MARK A.	
STREET ADDRESS	7033 ERIN CT	
CITY - ST - ZIP	CHARLOTTE NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	4011 Carnoustie Ln
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mark A Hollenbach* VP. **MARK A Hollenbach** 4/25/96 704-377-5941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)

852035

P9282

ODELL ASSOCIATES INC.
OFFICERS AND DIRECTORS

23-Apr-96

Benjamin T. Rook	101 Hermitage Road Charlotte, N.C. 28207	Chairman / CEO Director
Roy W. Johnson	3741 Larkston Dr. Charlotte, N.C. 28226	President / COO Director
J. David Ramseur	4011 Carnoustie Ln. Charlotte, N.C. 28210	Executive Vice President Director
Robert G. Griffin	12330 Framar Dr. Midlothian, Va. 23113	Vice President Director
Donald D. Haigh	5700 Maylin Ln. Charlotte, N.C. 28210	Vice President Director
William C. McLellan	2542 Forest Dr. Charlotte, N.C. 28211	Vice President Director
Walter L. Bost	105 Brookshire Ave. Kannapolis, N.C. 28083	Vice President Secretary / Treasurer Director
Mark A. Hollenbach	7033 Erin Ct. Charlotte, N.C. 28210	Vice President -- Finance Assistant Secretary
Kenneth C. Betsch	313 Trails End Rd. Greenville, S.C. 29607	Vice President
Sherry M. Murphy	2130 Beverly Dr. Charlotte, N.C. 28207	Vice President