

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P15434** (4)

1. Corporation Name  
**FAISON & ASSOCIATES, INC.**



Principal Place of Business Mailing Address  
**121 WEST TRADE STREET, SUITE 1200  
ATTN: LEGAL DEPT.  
CHARLOTTE NC 28202**

3. Date Incorporated or Qualified **08/03/1987** 3a. Date of Last Report **09/25/1995**  
4. FEI Number **56-0833517** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee 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

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

**9. 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 **FL** 85 Zip Code

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. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAISON, HENRY J	1.2 NAME	
STREET ADDRESS	121 W. TRADE ST., STE. 1900	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28202	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPTAK, ROBERT W	2.2 NAME	<i>Director and Vice President</i>
STREET ADDRESS	121 W. TRADE ST., STE. 1900	2.3 STREET ADDRESS	<i>Robert W. Liptak</i>
CITY-ST-ZIP	CHARLOTTE NC 28202	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORWOOD, PHILIP W	3.2 NAME	<i>Directors and President</i>
STREET ADDRESS	121 W. TRADE ST., STE. 1900	3.3 STREET ADDRESS	<i>Philip W. Norwood</i>
CITY-ST-ZIP	CHARLOTTE NC 28202	3.4 CITY-ST-ZIP	
TITLE	VTS <input type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITAKER, BILLIE R	4.2 NAME	
STREET ADDRESS	121 W. TRADE ST., SUITE 1900	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28202	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEED, ELIZABETH M	5.2 NAME	
STREET ADDRESS	121 W. TRADE ST., STE 1900	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28202	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **ELIZABETH M. SPEED** 1-15 96 704 331 2524  
Date Daytime Phone #

CR2E034 (12/95)