

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90054 050 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P15434**

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



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

Mailing Address  
~~121 WEST TRADE STREET, SUITE 1200~~  
 ATTN: LEGAL DEPT.  
 CHARLOTTE NC 28202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/03/1987**

4. FEI Number **56-0933517** Applied For  Not Applicable

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

6. Elector Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 **121 W TRADE STE 2550**  
**CHARLOTTE NC**  
 23 **28202 USA**

2a. Mailing Address  
 26 **121 W TRADE STE 2550**  
**CHARLOTTE NC**  
 28 **28202 USA**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DC	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FAISON, HENRY J		1.2 NAME	
STREET ADDRESS <del>121 W. TRADE ST., STE. 1900</del>		1.3 STREET ADDRESS 121 W TRADE STE 2550	
CITY-ST-ZIP CHARLOTTE NC 28202		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALLEN S JACKSON JR		2.2 NAME	
STREET ADDRESS <del>121 W. TRADE ST., STE. 1900</del>		2.3 STREET ADDRESS 121 W TRADE STE 2550	
CITY-ST-ZIP CHARLOTTE NC 28202		2.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NORWOOD, PHILIP W		3.2 NAME	
STREET ADDRESS <del>121 W. TRADE ST., STE. 1900</del>		3.3 STREET ADDRESS 121 W TRADE STE 2550	
CITY-ST-ZIP CHARLOTTE NC		3.4 CITY-ST-ZIP	
TITLE VTS	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHITAKER, BILLIE R		4.2 NAME	
STREET ADDRESS <del>121 W. TRADE ST., SUITE 1900</del>		4.3 STREET ADDRESS 121 W TRADE STE 2550	
CITY-ST-ZIP CHARLOTTE NC 28202		4.4 CITY-ST-ZIP	
TITLE AS	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	ng <input checked="" type="checkbox"/> Addition
NAME SPEED, ELIZABETH M		5.2 NAME	
STREET ADDRESS 121 W. TRADE ST., STE 1900		5.3 STREET ADDRESS 121 W TRADE STE 2550	
CITY-ST-ZIP CHARLOTTE NC 28202		5.4 CITY-ST-ZIP CHARLOTTE NC 28202	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(3)(i), 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, with all other like empowered.

SIGNATURE: *Diane K. Hunter*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 704-972-2500  
 Date Daytime Phone #

CR2E034 (1/98)