

1.) CORPORATION NAME:

EASTOVER LAND COMPANY

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0265233**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

KY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 526 S CHURCH ST
DEC45A

CITY/ST/ZIP: CHARLOTTE, NC 28202

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	B. KEITH TRENT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	550 S. TRYON STREET		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202		

NAME:	KEITH G. BUTLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	550 S. TRYON STREET		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202		

NAME:	DAVID S MALTZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/CORP S		
ADDRESS:	550 S. TRYON STREET		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202		

NAME:	Brian D. Savoy	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	550 S. TRYON STREET		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202		

NAME:	W. BRYAN BUCKLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	550 S. TRYON STREET		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202		

NAME:	Kris C. Duffy	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST T		
ADDRESS:	550 S. TRYON STREET		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202		

NAME: STEPHEN G. DE MAY TITLE: TREASURER ADDRESS: 550 S. TRYON STREET CITY/ST/ZIP/CO: CHARLOTTE, NC 28202	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: NANCY M WRIGHT TITLE: ASST SECRETARY ADDRESS: 550 S. TRYON STREET CITY/ST/ZIP/CO: CHARLOTTE, NC 28202	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: LYNN J GOOD TITLE: DIRECTOR ADDRESS: 550 S. TRYON STREET CITY/ST/ZIP/CO: CHARLOTTE, NC 28202	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: B. KEITH TRENT TITLE: DIRECTOR ADDRESS: 550 S. TRYON STREET CITY/ST/ZIP/CO: CHARLOTTE, NC 28202	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Brian D. Savoy TITLE: Chief Actg. Off ADDRESS: 550 S. Tryon Street CITY/ST/ZIP/CO: Charlotte, NC 28202	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: Brian D. Savoy TITLE: Controller ADDRESS: 550 S. Tryon Street CITY/ST/ZIP/CO: Charlotte, NC 28202	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ NANCY M WRIGHT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	NANCY M WRIGHT, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
6/10/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	