

SCC eFile

**2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

212524274

1.) CORPORATION NAME:

SPRINGS LEASING CORPORATION

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1553173**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 5,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

SC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1201 WOOD RIDGE CENTER DR
STE 100

CITY/ST/ZIP: CHARLOTTE, NC 28217

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.

| | | |
|-------------------------------------|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: WILLIAM S COWDEN JR | | |
| TITLE: PRESIDENT | | |
| ADDRESS: 1201 WOOD RIDGE CENTER DR | | |
| | | |
| CITY/ST/ZIP/CO: CHARLOTTE, NC 28217 | | |

| | | |
|-------------------------------------|---|-----------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: HARRY B EMERSON | | |
| TITLE: SECRETARY | | |
| ADDRESS: 104 EAST SPRINGS ST | | |
| | | |
| CITY/ST/ZIP/CO: LANCASTER, SC 29720 | | |

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|-------------------------------------|---|-----------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: LEAH ABRAHAM | | |
| TITLE: CONTROLLER | | |
| ADDRESS: 1201 WOOD RIDGE CENTER DR | | |
| | | |
| CITY/ST/ZIP/CO: CHARLOTTE, NC 28217 | | |

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|-------------------------------------|----------------------------------|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: WILLIAM TAYLOR | | |
| TITLE: DIR/CHAIRMAN | | |
| ADDRESS: 104 COOL SPRINGS ST | | |
| | | |
| CITY/ST/ZIP/CO: LANCASTER, SC 29720 | | |

| | | |
|-------------------------------------|----------------------------------|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ELLIOTT CLOSE | | |
| TITLE: DIRECTOR | | |
| ADDRESS: 1040 MT. GALLANT RD | | |
| | | |
| CITY/ST/ZIP/CO: ROCK HILL, SC 29732 | | |

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|-------------------------------------|---|-----------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: SHARON BARRETT | | |
| TITLE: ASST SECRETARY | | |
| ADDRESS: 1201 WOODRIDGE CENTER DR | | |
| | | |
| CITY/ST/ZIP/CO: CHARLOTTE, NC 28217 | | |

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/ LEAH ABRAHAM | LEAH ABRAHAM, CONTROLLER | 6/27/2012 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | 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. | | |