


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000003834	
1. Entity Name TOMPKINS ASSOCIATES-INTEGRATION DIMENSION, INC.	

Principal Place of Business 8970 SOUTHALL ROAD RALEIGH, NC 27616	Mailing Address 8970 SOUTHALL ROAD RALEIGH, NC 27616
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DO NOT WRITE IN THIS SPACE



04272007 No Chg-P CR2E034 (11/05)

4. FEI Number 56-1273771	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000747453
05/17/07-80025-017 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC TOMPKINS, JAMES A DR. 8970 SOUTHALL RD RALEIGH, NC 27616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, JERRY D 8970 SOUTHALL RD RALEIGH, NC 27616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SPAIN, JOHN C 8970 SOUTHALL RD RALEIGH, NC 27616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCAO UPCHURCH, BRIAN E 8970 SOUTHALL RD RALEIGH, NC 27616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KROUGE, ROGER R 5200 TOWN CTR CIR STE 470 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LEDER, MARC J. 5200 TOWN CENTER CIRCLE, SUITE 470 BOCA RATON, FL 33486

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brian E. Upchurch* **Brian E. Upchurch** ^{4/27/07} **(919) 876-3667**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #