


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90150 017 \*\*\*158.75

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			
2. Principal Place of Business - No P.O. Box # <i>6870 Perry Creek Rd</i>		3. Mailing Address <i>6870 Perry Creek Rd</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Raleigh, NC</i>		City & State <i>Raleigh, NC</i>		4. FEI Number 04302008 Chg-P CR2E034 (12/06) 56-1273771 Applied For Not Applicable	
Zip <i>27616</i>	Country <i>USA</i>	Zip <i>27612</i>	Country <i>USA</i>	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			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PC	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOMPKINS, JAMES A DR.		NAME		
STREET ADDRESS	8970 SOUTHALL RD		STREET ADDRESS	<i>6870 Perry Creek Road</i>	
CITY-ST-ZIP	RALEIGH, NC 27616		CITY-ST-ZIP	<i>RALEIGH, NC 27614</i>	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, JERRY D		NAME		
STREET ADDRESS	8970 SOUTHALL RD		STREET ADDRESS	<i>6870 Perry Creek Road</i>	
CITY-ST-ZIP	RALEIGH, NC 27616		CITY-ST-ZIP	<i>RALEIGH, NC 27616</i>	
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPAIN, JOHN C		NAME		
STREET ADDRESS	8970 SOUTHALL RD		STREET ADDRESS	<i>6870 Perry Creek Road</i>	
CITY-ST-ZIP	RALEIGH, NC 27616		CITY-ST-ZIP	<i>RALEIGH, NC 27616</i>	
TITLE	VCAO	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	UPCHURCH, BRIAN E		NAME		
STREET ADDRESS	8970 SOUTHALL RD		STREET ADDRESS	<i>6870 Perry Creek Road</i>	
CITY-ST-ZIP	RALEIGH, NC 27616		CITY-ST-ZIP	<i>RALEIGH, NC 27616</i>	
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KROUGE, ROGER R		NAME	<i>BUCCUM, MARK</i>	
STREET ADDRESS	5200 TOWN CTR CIR STE 470		STREET ADDRESS	<i>6870 Perry Creek Road</i>	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	<i>RALEIGH, NC 27616</i>	
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEDER, MARC J.		NAME		
STREET ADDRESS	5200 TOWN-CENTER CIRCLE, SUITE 470		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP		
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: <i>Shawn S. Goggin</i>		SIGNATURE: <i>SHERI S GODFREY</i>		Date: <i>4/30/08</i> 919-855-5375	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		CONTROLLER		Daytime Phone #	