

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003834

FILED
Apr 21, 2009
Secretary of State

Entity Name: TOMPKINS ASSOCIATES-INTEGRATION DIMENSION, INC.

Current Principal Place of Business:

6870 PERRY CREEK RD
RALEIGH, NC 27616 US

New Principal Place of Business:

Current Mailing Address:

6870 PERRY CREEK RD
RALEIGH, NC 27616 US

New Mailing Address:

FEI Number: 56-1273771 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: TOMPKINS, DR, JAMES A
Address: 6870 PERRY CREEK RD
City-St-Zip: RALEIGH, NC 27616

Title: V () Delete
Name: SMITH, JERRY D
Address: 6870 PERRY CREEK RD
City-St-Zip: RALEIGH, NC 27616

Title: DST () Delete
Name: SPAIN, JOHN C
Address: 6870 PERRY CREEK RD
City-St-Zip: RALEIGH, NC 27616

Title: VCAO () Delete
Name: UPCHURCH, BRIAN E
Address: 6870 PERRY CREEK RD
City-St-Zip: RALEIGH, NC 27616

Title: VCOO () Delete
Name: BUFFUM, MARK
Address: 6870 PERRY CREEK RD
City-St-Zip: RALEIGH, NC 27616

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO () Change (X) Addition
Name: FOUTS, DAVE
Address: 6870 PERRY CREEK RD
City-St-Zip: RALEIGH, NC 27616

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRI GODFREY

Electronic Signature of Signing Officer or Director

CONT

04/21/2009

Date