

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000002981 (8)**

1. Corporation Name
THE INTEGON NETWORK CORPORATION



Principal Place of Business: **500 WEST FIFTH STREET WINSTON-SALEM NC 27152**
Mailing Address: **500 WEST FIFTH STREET WINSTON-SALEM NC 27152**

3. Date Incorporated or Qualified: **06/08/1994**
3a. Date of Last Report: **04/21/1995**

21	2. Principal Place of Business	2a	Mailing Address
	2610 Wycliff Road		2610 Wycliff Road
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
	Raleigh, North Carolina		Raleigh, North Carolina
24	Zip	29	Zip
	27607		27607
25	Country	30	Country
	U.S.A.		U.S.A.

4. FEI Number: **56-1873473**
Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C J CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

Name of Registered Agent signature required when applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DANIEL, WILLIS J JR	
STREET ADDRESS	500 WEST FIFTH STREET	
CITY-ST-ZIP	WINSTON-SALEM NC 27152	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	DORSETT, SAM H JR	
STREET ADDRESS	500 WEST FIFTH STREET	
CITY-ST-ZIP	WINSTON-SALEM NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Dir., Assist. Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Bestor, Robert J.	
13 STREET ADDRESS	2610 Wycliff Road	
14 CITY-ST-ZIP	Raleigh, North Carolina 27607	
21 TITLE	Director and President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Henson, Jim L.	
23 STREET ADDRESS	2610 Wycliff Road	
24 CITY-ST-ZIP	Raleigh, North Carolina 27607	
31 TITLE	Sr.V.P., Gen. Counsel & Secy., Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Silverman, Scott D.	
33 STREET ADDRESS	2610 Wycliff Road	
34 CITY-ST-ZIP	Raleigh, North Carolina 27607	
41 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Kipp, Donald P.	
43 STREET ADDRESS	2610 Wycliff Road	
44 CITY-ST-ZIP	Raleigh, North Carolina 27607	
51 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Butler, Patricia B.	
53 STREET ADDRESS	2610 Wycliff Road	
54 CITY-ST-ZIP	Raleigh, North Carolina 27607	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	200001810172	
63 STREET ADDRESS	-05/07/96--01011--803	
64 CITY-ST-ZIP	***200.00	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia B. Butler* **PATRICIA B. BUTLER** **4/23/96** **99-786-8186**

CR2E034 (12/95)