


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90048 033 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000003383**  
 1. Corporation Name  
**BOOTH & ASSOCIATES, INC. OF NC**

Principal Place of Business 1011 SCHAUB DR., STE. 300 RALEIGH NC 27606	Mailing Address 1011 SCHAUB DR., STE. 300 RALEIGH NC 27606
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/30/1997</b>	
21	22	26	27	4. FEI Number <b>56-0707587</b>	Applied For <input type="checkbox"/> Not Applicable
23		28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
25		30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CS	<input type="checkbox"/> DELETE
NAME	BOOTH, RICHARD C PE	
STREET ADDRESS	110 DUNDEE CT.	
CITY-ST-ZIP	CARY NC 27511	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BOOTH, GREGORY L PE	
STREET ADDRESS	2001 ROLLING ROCK RD.	
CITY-ST-ZIP	WAKE FOREST NC 27587	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	BOOTH, RICHARD K PE	
STREET ADDRESS	1817 RIDGE RD.	
CITY-ST-ZIP	RALEIGH NC 27607	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DAVIS, DWIGHT E	
STREET ADDRESS	923 WINONA	
CITY-ST-ZIP	RALEIGH NC 27609	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DORSETT, WILLIAM S	
STREET ADDRESS	5732 DUTCH CREEK DR.	
CITY-ST-ZIP	RALEIGH NC 27606	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4901 Oakmoor Court
2.4 CITY-ST-ZIP	Raleigh, NC 27614
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	600 Chalfant Court
3.4 CITY-ST-ZIP	Raleigh, NC 27607
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Gregory L. Booth DATE: 4/09/99 DAYTIME PHONE #: 919-851-8770

CR2E034 (11/98)