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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 2:23

DOCUMENT # P34515 (7)

1. Corporation Name
O'BRIEN/ATKINS ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
P.O. BOX 12007 RESEARCH TRIANGLE PARK NC 27709	P.O. BOX 12007 RESEARCH TRIANGLE PARK NC 27709

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1991
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 56-1215013 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

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 title if applicable) (NOTE: Registered Agent signature required when name(s)) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	O'BRIEN, WILLIAM L.	12 NAME	
STREET ADDRESS	5001 S. MIAMI BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	MORRISVILLE NC	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	ATKINS, JOHN L.	22 NAME	
STREET ADDRESS	5001 S. MIAMI BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	MORRISVILLE NC	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	ATKINSON, C. BELTON	32 NAME	
STREET ADDRESS	5001 S. MIAMI BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	MORRISVILLE NC	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MASON, JAMES W.	42 NAME	
STREET ADDRESS	5001 S. MIAMI BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	MORRISVILLE NC	44 CITY-ST-ZIP	
TITLE		51 TITLE	VD ☐ Change ☒ Addition
NAME		52 NAME	DUDLEY B. LACY
STREET ADDRESS		53 STREET ADDRESS	5001 S. Miami Blvd.
CITY-ST-ZIP		54 CITY-ST-ZIP	Morrisville NC
TITLE		61 TITLE	D ☐ Change ☒ Addition
NAME		62 NAME	Wesley A. McClure
STREET ADDRESS		63 STREET ADDRESS	5001 S. Miami Blvd.
CITY-ST-ZIP		64 CITY-ST-ZIP	Morrisville NC

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)(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.

SIGNATURE: John L. Atkins III PRESIDENT JOHN L. ATKINS III 3-22-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

(Daytime Phone #) 919/941-9000

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