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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P34515

(7)

1. Corporation Name O'BRIEN/ATKINS ASSOCIATES, P.A. Principal Place of Business P.O. BOX 12037 RESEARCH TRIANGLE PARK NC 27709 Mailing Address P.O. BOX 12037 RESEARCH TRIANGLE PARK NC 27709													
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	incipal Pa	ace of Busin	ess		Mailing Addres	SS			4. FEI Nun				plied For ot Applicable
21 Si	ite, Apt	#, etc		26	Suite, Apt. #, e	itc.				215013		\$8.75	
22	,			27					5. Certifica	ate of Status Desired		Fee Re	
Ci	ty & State	2		1	City & State					Campaign Financing		\$5.00	
23			Country	28	710		Country			ind Contribution		Added	
Z) 24	р		Country 25	29	Zip	30	Country			rporation has liability fo Statutes	r intangible Yes	tax under s I No	. 199.032,
E4			and Address of Cu		lered Agent	130	1			and Address of New R			
	THE	PRENTICE	HALL CORPORA	TION SYST	EM INC.		81	Name					
		HAYS ST	**				82	Street Add	dress (P.O. Box	Number is Not Accepte	able)		
		E 105											
	TALL	AHASSEE	FL 32301				83						
							84	City		······································	FL	85 Zip	Code
							1 1						
11 6	Pursuant t	to the provis	ions of Sections 607	0502 and 6	17 1508 Florida	Statutes	the above	a-named cor	rooration submit	s this statement for the	Durnose of	changing i	s registered
11. 6	Pursuant to	to the provis ogistered aç	ions of Sections 607 ent, or both, in the S	.0502 and 60 State of Florid	07 1508, Florida la. Such change	Statutes, e was auth	the above	named cor the corpore	rporation submit ation's board of	s this statement for the directors. I hereby acc	purpose of ept the app	changing it ointment as	ts registered registered
		to the provis egistered aç m familiar w	ions of Sections 607 ent, or both, in the S th, and accept the o	1.0502 and 6 State of Floric obligations of	07 1508, Florida Ia. Such chang , Section 607.0	Statutes, e was auth 505, Florid	the above horized by a Statutes	e-named cor the corpore	rporation submit ation's board of	s this statement for the directors. I hereby acco	purpose of ept the app	changing li ointment as	ts registered registered
	IATURE		ons of Sections 607 ent, or both, in the S th, and accept the o						rporation submit ation's board of ulred when reinstating		purpose of ept the app	changing li ointment as	ts registered registered
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SIGN 12. Till£	IATURE	Signar, e sys+a	or priceed name of registors OFFICERS	ed agent and title	if applicable	(NOTE: Re	egistered Age 13. 11 TITLE		ulted when reinstating)	purpose of ept the app		······································
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SIGNATURE

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3-18-97 919-941-9000

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Mar 26 1997 8:00am

Secretary of State