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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

O'BRIEN/ATKINS ASSOCIATES, P.A.

(7)

	TOTAL MANGET MANDS TO	881 811: 81811 81911	Bifilt Biffet Blatt	

FILED

Apr 29 1998 8:00am

Secretary of State

Principal Place	e of Business	Mailing Address				YILK MENEL MINIT MINIT MENEL MINIT MINIT HONG	
P.O. BOX 12037 RESEARCH TRIANGLE PARK NC 27709 P.O. BOX 12037 RESEARCH TRIANGLE PARK		PARK NC 2	NC 27709 DO NOT WRITE IN THIS SPACE		E IN THIS SPACE		
					3. Date Incorporated or Qualified 06/28/1991		
2. Principal Pi 21	lace of Business	2a. Mailing Address 26			4. FEI Number 56-1215013	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State	•	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	30 Cou	ntry	This corporation owes or has p Personal Property Tax due Jun	C46	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New R	egistered Agent	
THE	E pre ntice-hall corporatio	ON SYSTEM INC.		81 Name			
1201 HAYS STREET				82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 105 Tallahassee FL 32301			}	83			
			ŀ	84 City		85 Zip Code	
						FL	
office or re	to the provisions of Sections 607.050 eglstered agent, or both, in the State m familiar with, and accept the oblig	of Florida, Such change was	authorized	by the corpo	orporation submits this statement for the oration's board of directors. I hereby acce	purpose of changing its registered apt the appointment as registered	
SIGNATURE							
- CIGITATIONE	Signature, typed or profind name of registered ag-		1(Registered	Agent signature re	equired when reinstating)	DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		
TITLE	VD	DELETE	11111	LE		Change Addition	
NAME	O'BRIEN, WILLIAM L.		1.2 NA	ME }			
STREET ADDRESS	5001 S. MIAMI BLVD.		1.3 ST	REFT ADDRESS	Decembers NG 27702		
CITY-ST-ZIP	MORRISVILLE NC			Y-ST-ZIP	Durham, NC 27703		
TITLE	PD	☐ DELETE	2 1 111	LE		Change Addition	
NAME	ATKINS, JOHN L.		2.2 NA	ME j		,	
STREET ADDRESS	5001 S. MIAMI BLVD.		2.3 ST	REET ADDRESS			
CITY-ST-ZIP	MORRISVILLE NC			TY-ST-ZIP	Durham, NC 27703		
TITLE	\$10	DELETE	3.1 TIT	LE	SD	Change Addition	
NAME	ATKINSON, C. BELTON		3.2 NA	ME			
STREET ADDRESS	6001 S. MIAMI BLVD.		3.3 ST	REET ADDRESS			
CITY-ST-Z#P	MORRISVILLE NC		3.4. Cl	TY-ST-ZIP	Durham, NC 27703		
TITLE	D	DELETE	4.1 TIT	LE		Change Addition	
NAME	MASON, JAMES W.		4. 2 N	ME		}	
STREET ADDRESS	5001 S. MIAMI BLVD.		4.3 ST	REET ADDRESS			
CITY-ST-ZIP	MORRISVILLE NC		4.4 CIT	Y - ST - ZIP	Durham, NC 27703		
TITLE	VO	DELETE	5.1 1 1	LE L		K Change Addition	
NAME	LACY, DUDLEY B		5.2 NA	ME		}	
STREET ADDRESS	5001 S. MIAMI BLVD		5.3 ST	REET ADDRESS			
CITY-ST-ZIP	MORRISVILLE NC		5 4 Ct1	Y-ST-ZIP	Durham, NC 27703		
TITLE		DELETE	6 1 TH	LE		Change Addition	
NAME			6.2 NA	ME [ļ	
STREET ADDRESS			6.3 ST	REET ADDRESS			

14. I hereby certify that the information supplied with this filling 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 eath; 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 any ged, or on an attachment with an address.

6.4 CITY- S1- ZIP