2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003360

Entity Name: EMBREX, INC.

FILED Feb 07, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	BIA COURT				•		
Current Mailing Address:				New Mailing Address:			
P.O. BOX 13989 RESEARCH TRIANGLE PARK, NC 27709							
FEI Number: 56-1469825 FEI Number Applied For () FEI Nu			FEI Numbe	mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US							
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.							
SIGNATURE:							
	Electronic	Signature of Registered Agent	t				Date
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VP () EDON T SEAQUIST 100 EATON PLAC CARY, NC 2751	DE .	Na Ad		VP SEAQUIST, [1040 SWABI DURHAM, NO	A COURT) Addition
Title: Name: Address: City-St-Zip:	PCEO () E MARCUSON, RAI 1040 SWABIA CO DURHAM, NC 27	DURT	Na Ad	tle: ame: ddress: ity-St-Zip:		()Change() Addition
Title: Name: Address: City-St-Zip:	D ()E HOLZER, PETER 183 EDGESTOUR PRINCETON, NJ	NE RD	Na Ad	tle: ame: ddress: ity-St-Zip:		()Change() Addition
Title: Name: Address: City-St-Zip:	VP () E RICKS, CATHER 3336 MANOR RIE RALEIGH, NC 27	DGE DR	Na Ad	tle: ame: ddress: ity-St-Zip:	VP RICKS, CATH 1040 SWABI DURHAM, NO	A COURT) Addition
Title: Name: Address: City-St-Zip:	D () E BLACKSHEAR, D P.O. BOX 589 MOUNT OLIVE, N		Na Ad	tle: ame: ddress: ity-St-Zip:		() Change() Addition
Title: Name: Address: City-St-Zip:	VP () E COSGRIFF, BRIA 4820 FOX BRAN RALEIGH, NC 27	CH COURT	Na Ad	tle: ame: ddress: ity-St-Zip:	VP O'DOWD, JO 1040 SWABI DURHAM, NO	A COURT) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON T. SEAQUIST VP 02/07/2005