SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

Sep 12 1997 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mertham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # (9)849395 MID-EASTERN ATHLETIC CONFERENCE INCORPORATED Principal Place of Business Mailing Address 102 N ELM STREET, SUITE 401 102 N ELM STREET, SUITE 401 P O BOX 21205 P O BOX 21205 DO NOT WRITE IN THIS SPACE GREENSBORO NC 27401 GREENSBORO NC 27401 3. Date Incorporated or Qualified 3a. Date of Last Report 06/10/1981 05/01/1996 2. Principal Place of Business 4. FEI Number 2s. Mailing Address Applied For 56-0992403 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THOMPSON, LYNN **B2** Street Address (P.O. Box Number is Not Acceptable) **BETHUNE-COOKMAN COLLEGE** 640 SECOND AVENUE 83 DAYTONA BEACH FL 32015 City Zip Code Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 617.0503, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ₹ 1.1 TITUE DDS TITLE NAME WATLINGTON, LUTHER 12 NAME STREET ADDRESS 2503 BYRON PLACE 1.3 STREET ADDRESS GREENSBORO NO CITY-ST-ZIP 1.4 CITY+ST-ZIP SMD 2.1 TITLE NAME FREE, KENNETH A 2.2 NAME STREET ADDRESS 102 N ELM ST SUITE 401 2.3 STREET ADDRESS **GREENSBORO NC 27401** 2. 4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE CD TITLE NAME BROOKS, HENRY DR 3.2 NAME STREET ADDRESS BACKBONE RD UNIV. OF MD. EASTERN SHORE 3.3 STREET ADDRESS PRINCESS ANNE MD 21853 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE BROOKS, HENRY D 4. 2 NAME STREET ADDRESS **DELAWARE STATE COLLEGE** 4.3 STREET Lan DOVER DE CITY-ST-ZIP 4.4 CITY-S1-DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP

14. I do hereby certify that the information supplied with this fitting 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed or on an attachment with an address.

REQUIRED

8/12/97

(910)275-9561

FILED