

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 850993

1. Entity Name
FMI MANAGEMENT CONSULTANTS CORPORATION



Principal Place of Business

**5171 GLENWOOD AVE
RALEIGH, NC 27612**

Mailing Address

**P.O. BOX 31108
RALEIGH, NC 27622 US**



03172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-1223249

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOWDER, HOYT G.
5301 W CYPRESS ST.
TAMPA, FL 33622**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COC
JACKSON, IRA J., III
5171 GLENWOOD AVE
RALEIGH, NC 27612**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HUGHES, JOHN L
5171 GLENWOOD AVE
RALEIGH, NC 27612**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HARRIS, HENRY M
5171 GLENWOOD AVE
RALEIGH, NC 27612**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
LOWDER, HOYT G.
5301 W CYPRESS ST.
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COC
RICE, HUGH
90 MADISON
DENVER, CO**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COC
ANDREWS, ROBERT F., III
5151 GLENWOOD AVE
RALEIGH, NC**

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04/10/06-80004-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John L. Hughes Jr.

3/20/06 (919) 287-8400
Date Daytime Phone