

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000001625

1. Entity Name
CLARKSTON-POTOMAC GROUP, INC.



Principal Place of Business

**1007 SLATER ROAD
4TH FLOOR
DURHAM, NC 27703**

Mailing Address

**1007 SLATER ROAD
4TH FLOOR
DURHAM, NC 27703**

DO NOT WRITE IN THIS SPACE



04222005 No Chg-P CR2E034 (10/03)

4. FEI Number
54-1606655

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, 2005 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
**PD
NELSON, NEIL J
1007 SLATER ROAD
DURHAM, NC 27703**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GILLESPIE, CAROL
1007 SLATER ROAD
DURHAM, NC 27703**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STEFAN, JAMES F
1007 SLATER ROAD
DURHAM, NC 27703**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
FINEGAN, THOMAS W
1007 SLATER ROAD
DURHAM, NC 27703**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TCFO
STEWART, JEFFREY
1007 SLATER ROAD
DURHAM, NC 27703**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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04/27/05-80037-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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

22 Apr 05

Date

919 484 4400

Daytime Phone #