

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002377

1. Entity Name

NEOBUTLER INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90134 007 ***150.00

Principal Place of Business

P.O. BOX 14545
RESEARCH TRIANGLE PARK NC 27709

Mailing Address

P.O. BOX 14545
RESEARCH TRIANGLE PARK NC 27709

00040034

2. Principal Place of Business

127 Davis Drive, Sk 300
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Durham NC

City & State

4. FEI Number

52-219912

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LINGLE, ROGER
627 DAVIS DRIVE, SUITE 300
DURHAM NC 27701-13 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
QUAN, DAVID V.H.
627 DAVIS DRIVE, SUITE 300
DURHAM NC 27701-13 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CHANDRA, VIKAS
627 DAVIS DRIVE, SUITE 300
DURHAM NC 27701-13 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RUA, DAN
627 DAVIS DRIVE, SUITE 300
DURHAM NC 27701-13 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Frantz
627 Davis Drive, Suite 300
Durham, NC 27703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Scott, Gina
627 Davis Dr, Suite 300
Durham, NC 27713 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 11 or Block 12 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

Gina Scott

4/13/01

919-226-4901 x200

Daytime Phone #

CR2E034 (10/00)