

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90172 048 ***550.00

DOCUMENT # F01000003497

1. Entity Name

RED HAT PROFESSIONAL CONSULTING, INC.

Principal Place of Business

**2872 WOODCOCK BLVD., SUITE 150
 ATLANTA GA 30341**

Mailing Address

**2872 WOODCOCK BLVD., SUITE 150
 ATLANTA GA 30341**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1200 Abernathy Rd

3. Mailing Address

1801 Varsity Drive

Suite, Apt. #, etc.

100 Northpark Town Ctr, Ste 1700

Suite, Apt. #, etc.

ATTN: Donna Kimmerly

City & State

Atlanta, GA

City & State

Raleigh NC

Zip

30328

Country

USA

Zip

27606

Country

USA

4. FEI Number

58-1999459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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. 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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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	PD	<input checked="" type="checkbox"/> Delete
NAME	JACOBSON, HOWARD	
STREET ADDRESS	2600 MERIDIAN PARKWAY	
CITY-ST-ZIP	DURHAM NC 27713	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	WEBBINK, MARK H	
STREET ADDRESS	2600 MERIDIAN PARKWAY	
CITY-ST-ZIP	DURHAM NC 27713	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMPSON, KEVIN	
STREET ADDRESS	2600 MERIDIAN PARKWAY	
CITY-ST-ZIP	DURHAM NC 27713	
TITLE	AS	<input type="checkbox"/> Delete
NAME	KIMMERLY, DONNA	
STREET ADDRESS	2600 MERIDIAN PARKWAY	
CITY-ST-ZIP	DURHAM NC 27713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1801 Varsity Dr.	
CITY-ST-ZIP	Raleigh NC 27606	
TITLE	PD/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thompson, Kevin	
STREET ADDRESS	1801 Varsity Dr	
CITY-ST-ZIP	Raleigh NC 27606	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1801 Varsity Dr	
CITY-ST-ZIP	Raleigh NC 27606	
TITLE	Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lucas, Tim	
STREET ADDRESS	1801 Varsity Dr	
CITY-ST-ZIP	Raleigh NC 27606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/02)

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:

REQUIRE **webbink, VSD** **7/22/02** **919 754 3700**
244403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #