


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90150 017 \*\*\*158.75

<b>DOCUMENT # F01000003834</b>					
<b>1. Entity Name</b> TOMPKINS ASSOCIATES-INTEGRATION DIMENSION, INC.					
<b>Principal Place of Business</b> 8970 SOUTHALL ROAD RALEIGH, NC 27616			<b>Mailing Address</b> 8970 SOUTHALL ROAD RALEIGH, NC 27616		
<b>2. Principal Place of Business - No P.O. Box #</b> 6870 Perry Creek Rd			<b>3. Mailing Address</b> 6870 Perry Creek Rd		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
<b>City &amp; State</b> Raleigh, NC		<b>City &amp; State</b> Raleigh, NC		<b>4. FEI Number</b> 56-1273771	
<b>Zip</b> 27616		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PC <b>NAME</b> TOMPKINS, JAMES A DR. <b>STREET ADDRESS</b> 8970 SOUTHALL RD <b>CITY-ST-ZIP</b> RALEIGH, NC 27616	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> 6870 Perry Creek Road <b>STREET ADDRESS</b> RALEIGH, NC 27616 <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> SMITH, JERRY D <b>STREET ADDRESS</b> 8970 SOUTHALL RD <b>CITY-ST-ZIP</b> RALEIGH, NC 27616	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> 6870 Perry Creek Road <b>STREET ADDRESS</b> RALEIGH, NC 27616 <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DST <b>NAME</b> SPAIN, JOHN C <b>STREET ADDRESS</b> 8970 SOUTHALL RD <b>CITY-ST-ZIP</b> RALEIGH, NC 27616	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> 6870 Perry Creek Road <b>STREET ADDRESS</b> RALEIGH, NC 27616 <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VCAO <b>NAME</b> UPCHURCH, BRIAN E <b>STREET ADDRESS</b> 8970 SOUTHALL RD <b>CITY-ST-ZIP</b> RALEIGH, NC 27616	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> 6870 Perry Creek Road <b>STREET ADDRESS</b> RALEIGH, NC 27616 <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DVP <b>NAME</b> KROUGE, ROGER R <b>STREET ADDRESS</b> 5200 TOWN CTR CIR STE 470 <b>CITY-ST-ZIP</b> DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> BUCCUM, MARK <b>STREET ADDRESS</b> 6870 Perry Creek Road <b>CITY-ST-ZIP</b> RALEIGH, NC 27616	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DVP <b>NAME</b> LEDER, MARC J. <b>STREET ADDRESS</b> 5200 TOWN CENTER CIRCLE, SUITE 470 <b>CITY-ST-ZIP</b> BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Sherris Godfrey</i> <b>SHERRIS GODFREY</b> <b>4/30/08</b> <b>919-855-5375</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>CONTROLLER</b> Date Daytime Phone #					