2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# F02000002407

Entity Name: LUIHN FOUR, INC.

Current Principal Place of Business:

2950 GATEWAY CENTRE BLVD
MORRISVILLE, NC 27560

New Principal Place of Business:

Current Mailing Address:

2950 GATEWAY CENTRE BLVD
MORRISVILLE, NC 27560

New Mailing Address:

FEI Number: 56-1785791 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SEC ( ) Delete
Name: LUIHN, CYNTHIA
Address: 108 RICHLIEU
City-St-Zip: CARY, NC 27511

Title: VP ( ) Delete
Name: LUIHN, JAMES S
Address: 109 PERTH CT
City-St-Zip: CARY, NC 27511

Title: SEC ( ) Delete
Name: LUIHN-ARGAY, SANDRA
Address: 101 RUTHER GLEN DRIVE
City-St-Zip: CARY, NC 27511

Title: CEO ( ) Delete
Name: LUIHN, S ALLAN
Address: 200-A EDINBURG DRIVE
City-St-Zip: CARY, NC 27511

Title: PRES ( ) Delete
Name: LUIHN, ALLAN J
Address: 303 QUEENSFERRY RD
City-St-Zip: CARY, NC 27511

Title: SEC (X) Delete
Name: LUIHN, DONNA M
Address: 200-A EDINBURGH DRIVE
City-St-Zip: CARY, NC 27511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FAY CLAYTON CONT 04/21/2009

Electronic Signature of Signing Officer or Director — Date