2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005084

Entity Name: BARRY, EVANS, JOSEPHS & SNIPES, INC.

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
227 WEST TRADE STREET, SUITE 1550 CHARLOTTE, NC 282021647						
Current Mailing Address:			New Mailir	New Mailing Address:		
C/O CSC 2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808						
FEI Number:	Il Number: 56-1475885 FEI Number Applied For () FEI Number		I Number Not Appli	nber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					ew Registered Agent:	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US						
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:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CURLEY, JONAT	E STREET, SUITE 1550	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	WAMBOLDT, KA	E STREET, SUITE 1550	Title: Name: Address: City-St-Zip:	VOIGHT, CHRIS	DE STREET, SUITE 1550	
Title: Name: Address: City-St-Zip:	VP ()[MULLIS, CAROL 301 S. COLLEGE CHARLOTTE, NO	ST	Title: Name: Address: City-St-Zip:	VP (X) MITCHELL, APR 301 S. COLLEG CHARLOTTE, N	EST	
Title: Name: Address: City-St-Zip:	BARRY, ERNEST	E STREET, SUITE 1550	Title: Name: Address: City-St-Zip:	CURLEY, JONA	DE STREET, SUITE 1550	
Title: Name: Address: City-St-Zip:	BARRY, JOHN M	E STREET, SUITE 1550	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	LOCKWOOD, ĹU	E STREET, SUITE 1550	Title: Name: Address: City-St-Zip:	()	Change () Addition	

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: APRILLE M MITCHELL VP 04/24/2008