2005 FOR PROFIT CORPORATION

Feb 15, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # F04000002535** 02-15-2005 90023 014 ***150.00 1. Entity Name FDH - NC. INC. Principal Place of Business Mailing Address 557 PYLON DRIVE, SUITE B 557 PYLON DRIVE, SUITE B 50015538 RALEIGH, NC 27606 RALEIGH, NC 27606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 56-1874644 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6.: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE HOLT, JAMES D NAME NAME STREET ADDRESS 557 PYLON DRIVE, SUITE B STREET ADDRESS RALEIGH, NC 27606 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition CULLUM, RICHARD L NAME STREET ADDRESS 557 PYLON DRIVE, SUITE B STREET ADDRESS CITY-ST-ZIP RALEIGH, NC 27606 CITY-ST-ZIP ☐ Delete Change -☐ Addition TITLE FISHER, JOHN S NAME FISHER, JOHN S NAME STREET ADDRESS 557 PYLON DRIVE, SUITE B 557 PYLON DRIVE, SUITE B STREET ADDRESS CITY-ST-7IP RALEIGH, NC 27606 CITY-ST-ZIP RALEIGH, NC 27606 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. changed, or on an attachment with

SIGNATURE:

FILED