2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 10, 2005 8:00 am
Secretary of State
02-04-2005 90039 017 ***150.00

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01252005 Chg-P CR2E034 (10/03)

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1. Entity Name
MADISON & LEX CORPORATION

Principal Place of Business	Mailing Address
SUITE 410 2000 SOUTH BLVD. CHARLOTTE, NC 28203	SUITE 410 2000 SOUTH BLVD. CHARLOTTE, NC 28203

2. Principal Place of Business	3. Mailing Address
2000 South Blvd	SAME
Suite, Apt. #, etc.: 410	Suite, Apt. #, etc.: SAME
City & State: Charlotte NC	City & State:
Zip: 28203 Country: Mecklenburg	Zip: Country:

4. FEI Number: 65-0891132 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KESSLER, EDWARD SUITE 102 AVENUES MALL 10300 SOUTHSIDE BLVD. JACKSONVILLE, FL 32256	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: Edward Kessler 1/30/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPT KESSLER, EDWARD SUITE 410 2000 SOUTH BLVD. CHARLOTTE, NC 28203	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCVP HONG, MISUN SUITE 410 2000 SOUTH BLVD. CHARLOTTE, NC 28203	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HONG, MISUN SUITE 410 2000 SOUTH BLVD. CHARLOTTE, NC 28203	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward Kessler EDWARD Kessler 1/30/05 7043333551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #