

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # F05000004101 | |
| 1. Entity Name ACCIDENT RECONSTRUCTION ANALYSIS, INC. OF NC | |
| Principal Place of Business 5801 LEASE LANE RALEIGH, NC 27617 | Mailing Address 5801 LEASE LANE RALEIGH, NC 27617 |



01112007 No Chg-P CR2ED34 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 56-1253986 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent CONLEY, TIMOTHY 100 S. ASHLEY DR., SUITE 1700 TAMPA, FL 33602 | DO NOT WRITE IN THIS SPACE |
|---|---------------------------------------|

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) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P MANNING, CHARLES R JR. 5801 LEASE LANE RALEIGH, NC 27617 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP MANNING, CHARLES R III 5801 LEASE LANE RALEIGH, NC 27617 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S METZ, JENNIFER 5801 LEASE LANE RALEIGH, NC 27617 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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02/02/07-80001-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Jennifer Metz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-07
Date

919-787-9675
Daytime Phone #