2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004101

Entity Name: ACCIDENT RECONSTRUCTION ANALYSIS, INC. OF NC

FILED Mar 13, 2008 Secretary of State

Current Principal Place of Business:		e of Business:	New Principal Place of Business:	
5801 LEA RALEIGH	SE LANE , NC 27617			
Current Mailing Address:			New Mailing Address:	
5801 LEA RALEIGH	SE LANE , NC 27617			
FEI Numbei	r: 56-1253986	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address o	f New Registered Agent:
100 S. AS	TIMOTHY SHLEY DR., SU FL 33602 U			
	e named entity te of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,
SIGNATU	IRE:			
	Electro	nic Signature of Registered Ag	ent	 Date
Election Ca	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:				24.0
OFFICER	S AND DIREC	- ,,	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS:
OFFICER Title: Name: Address: City-St-Zip:		TORS:) Delete ARLES R JR. ANE	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip:	
Title: Name: Address:	P (MANNING, CH/ 5801 LEASE L RALEIGH, NC	PTORS:) Delete ARLES R JR. ANE 27617) Delete ARLES R III ANE	Title: Name: Address:	ES TO OFFICERS AND DIRECTORS:

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: JENNIFER METZ S 03/13/2008