2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001643

Entity Name: CENTICE CORPORATION

FILED Jan 15, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
215 SOUTHPORT DRIVE 1000 MORRISVILLE, NC 27560						
Current Mailing Address:			New Maili	New Mailing Address:		
215 SOUTHPORT DR 1000 MORRISVILLE, NC 27560						
FEI Number: 20-0165834 FEI Number Applied For () FEI Num			FEI Number Not Appl	mber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 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:	CEO () E SWANSON, RAY 215 SOUTHPOR MORRISVILLE, N		Title: Name: Address: City-St-Zip:	() C	change () Addition	
Title: Name: Address: City-St-Zip:	CFOS () E BERGENS, ARTH 215 SOUTHPOR MORRSIVILLE, N	T DRIVE	Title: Name: Address: City-St-Zip:	CFO (X) C BERGENS, ARTH 215 SOUTHPORT MORRSIVILLE, N	DRIVE	
Title: Name: Address: City-St-Zip:	SCHOLL, TOM	Delete N AVE., E. TOWER, STE. 1380 20814	Title: Name: Address: City-St-Zip:	() C	change ()Addition	
Title: Name: Address: City-St-Zip:	ALBERT, SCOTT	PARKWAY, STE. 220	Title: Name: Address: City-St-Zip:	() C	change () Addition	
Title: Name: Address: City-St-Zip:	BRADY, DAVID	Delete CREEK DR., STE. 115 1703	Title: Name: Address: City-St-Zip:	BRADY, DAVID	Change () Addition DRIVE, SUITE 1000 C 27560	
Title: Name: Address: City-St-Zip:	D () E LEVIN, ALAN 15 SUMMITT LAN MONTCHANIN, D		Title: Name: Address: City-St-Zip:	()0	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: ARTHUR BERGENS, JR. CFO