

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001643

Entity Name: CENTICE CORPORATION

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

215 SOUTHPORT DRIVE
1000
MORRISVILLE, NC 27560

New Principal Place of Business:

Current Mailing Address:

215 SOUTHPORT DR
1000
MORRISVILLE, NC 27560

New Mailing Address:

FEI Number: 20-0165834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: CEO () Delete
Name: SWANSON, RAY
Address: 215 SOUTHPORT DRIVE
City-St-Zip: MORRISVILLE, NC 27560

Title: CFO () Delete
Name: BERGENS, ARTHUR JR.
Address: 215 SOUTHPORT DRIVE
City-St-Zip: MORRISVILLE, NC 27560

Title: D () Delete
Name: SCHOLL, TOM
Address: 7501 WISCONSIN AVE., E. TOWER, STE. 1380
City-St-Zip: BETHESDA, MD 20814

Title: CD () Delete
Name: ALBERT, SCOTT
Address: 2525 MERIDIAN PARKWAY, STE. 220
City-St-Zip: DURHAM, NC 27713

Title: D () Delete
Name: BRADY, DAVID
Address: 215 SOUTHPORT DRIVE, SUITE 1000
City-St-Zip: MORRISVILLE, NC 27560

Title: D () Delete
Name: LEVIN, ALAN
Address: 15 SUMMITT LANE
City-St-Zip: MONTCHANIN, DE 19710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

CFO

03/19/2009

Electronic Signature of Signing Officer or Director

Date