FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000002243 (4)**

1. Corporation Name

MOTIONEX, INC.

Principal Place of Business	Mailing Address
1225 HARDING PLACE CHARLOTTE NC 28204 US	P.O. BOX 35245 CHARLOTTE NC 28235

3. Date Incorporated or Qualified: **05/13/1993**	3a. Date of Last Report: **02/14/1995**
4. FEI Number: **56-1608479**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CARLSON, TODD
370 WHOOPING LOOP, SUITE 1166
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RUDISILL, WILLIAM A		1.2 NAME		
STREET ADDRESS	1858 QUEENS ROAD WEST		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28207		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CROSS III, WILLIAM S.		2.2 NAME		
STREET ADDRESS	P.O. BOX 16047 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	GREENSBORO NC		2.4 CITY-ST-ZIP		
TITLE	TS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JAMES, ASHLEY		3.2 NAME		
STREET ADDRESS	P.O. BOX 16047 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	GREENSBORO NC		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DAILEY, BRUCE		4.2 NAME		
STREET ADDRESS	1225 HARDING PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bruce W. Dailey 1/26/96 704-535-2890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #