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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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 28235-5245

3. Date Incorporated or Qualified	3a. Date of Last Report
05/13/1993	02/01/1996

2. Principal Place of Business	2a. Mailing Address
21 6010 Kenley Lane	26 P.O. Box 241429
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Charlotte, NC	City & State 28 Charlotte, NC
Zip / Country 24 28217 / 25 USA	Zip / Country 29 28224-1429 / 30 USA

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARLSON, TODD 370 WHOOPING LOOP, SUITE 1166 ALTAMONTE SPRINGS FL 32701	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	V ☒ Change ☐ Addition
NAME	CROSS III, WILLIAM S.	2.2 NAME	CROSS III, WILLIAM S.
STREET ADDRESS	P.O. BOX 16047 N/A	2.3 STREET ADDRESS	4400 Piedmont Parkway
CITY-ST-ZIP	GREENSBORO NC	2.4 CITY-ST-ZIP	GREENSBORO NC
TITLE	TS ☐ DELETE	3.1 TITLE	TS ☒ Change ☐ Addition
NAME	JAMES, ASHLEY	3.2 NAME	JAMES, ASHLEY
STREET ADDRESS	P.O. BOX 16047 N/A	3.3 STREET ADDRESS	4400 Piedmont Parkway
CITY-ST-ZIP	GREENSBORO NC	3.4 CITY-ST-ZIP	GREENSBORO, NC
TITLE	S ☐ DELETE	4.1 TITLE	S ☒ Change ☐ Addition
NAME	DAILEY, BRUCE	4.2 NAME	DAILEY, BRUCE
STREET ADDRESS	1225 HARDING PLACE	4.3 STREET ADDRESS	6010 KENLEY LN.
CITY-ST-ZIP	CHARLOTTE NC	4.4 CITY-ST-ZIP	CHARLOTTE, NC 28217
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 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Dailey 2/3/97 704-523-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #