

**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 # F93000003360 (5)**

1. Corporation Name

**EMBREX, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 13989  
RESEARCH TRIANGLE PARK NC 27709

P.O. BOX 13989  
RESEARCH TRIANGLE PARK NC 27709

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**07/21/1993**

3a. Date of Last Report

**02/07/1995**

4. FEI Number

**56-1469825**

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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

Signature typed or printed in block of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, HAROLD V	
STREET ADDRESS	26 CLOVER PLACE	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MARCUSON, RANDALL L	
STREET ADDRESS	10313 GRAFTON ROAD	
CITY-ST-ZIP	RALEIGH NC 27614	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AUSTIN, CHARLES E	
STREET ADDRESS	115-1 HILLTOP ROAD	
CITY-ST-ZIP	KINNELON NJ 07405	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRAWFORD, LESTER	
STREET ADDRESS	1401 NEW YORK AVENUE	
CITY-ST-ZIP	WASHINGTON DC 20005	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAY, KENNETH	
STREET ADDRESS	203 MCELWEE STREET	
CITY-ST-ZIP	N. WILKSBO RO NC 28659	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	HAGAN, JOHN A	
STREET ADDRESS	104 LOCHWOOD WEST	
CITY-ST-ZIP	CARY NC 27511	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bradley, John L. Jr.	
1.3 STREET ADDRESS	5620 Calton Dr	
1.4 CITY-ST-ZIP	Raleigh, NC 27612	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ricks, Catherine A	
2.3 STREET ADDRESS	3336 Manor Ridge Dr	
2.4 CITY-ST-ZIP	Raleigh, NC 27603	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cusgriff, Brian V.	
3.3 STREET ADDRESS	7212 Stonediff Dr. #8	
3.4 CITY-ST-ZIP	Raleigh, NC 27615	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gilderleeve, Richard P.	
4.3 STREET ADDRESS	200-N2 Calibre Chase Dr	
4.4 CITY-ST-ZIP	Raleigh, NC 27609	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Hartogon is, Stephen	
5.3 STREET ADDRESS	1070 Broadmoor Rd	
5.4 CITY-ST-ZIP	Bryn Mawr, PA 19019	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Pappas, Arthur M.	
6.3 STREET ADDRESS	4000 Dover Rd	
6.4 CITY-ST-ZIP	Durham, NC 27707	

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: *[Signature]* V.P. - Finance & Admin 1/19/96 (919) 941-5185  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)