


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000003360 (5)**

1. Corporation Name

**EMBREX, INC.**

Principal Place of Business

P.O. BOX 13989  
RESEARCH TRIANGLE PARK NC 27709

Mailing Address

P.O. BOX 13989  
RESEARCH TRIANGLE PARK NC 27709

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/21/1993**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>DON T SEAQUIST</b>	
STREET ADDRESS	<b>102 BRAMPTON LANE 3C</b>	
CITY-ST-ZIP	<b>CARY NC</b>	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>MARCUSON, RANDALL L</b>	
STREET ADDRESS	<b>10313 GRAFTON ROAD</b>	
CITY-ST-ZIP	<b>RALEIGH NC 27614</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>AUSTIN, CHARLES E</b>	
STREET ADDRESS	<b>115-1 HILLTOP ROAD</b>	
CITY-ST-ZIP	<b>KINNELON NJ 07405</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>CRAWFORD, LESTER</b>	
STREET ADDRESS	<b>1401 NEW YORK AVENUE</b>	
CITY-ST-ZIP	<b>WASHINGTON DC 20005</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>MAY, KENNETH</b>	
STREET ADDRESS	<b>203 MCLEWEE STREET</b>	
CITY-ST-ZIP	<b>N. WILKSBO RO NC 28859</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>PAPPAS, ARTHUR M</b>	
STREET ADDRESS	<b>4000 DOVER RD</b>	
CITY-ST-ZIP	<b>DURHAM NC</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>See attached.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>See attached.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>See attached.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>See attached.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 relative 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]* 7/14/98 919-941-5115

CR2E034 (5/98)



**Emborex, Inc.  
Corporate Officers**

**Name/Title/Social Security #**  
**Corporate Address**

**Residence Address & Phone #**

**Randall L. Marcuson**  
**President & CEO**  
**511-50-7451**

**10713 Leslie Dr.**  
**Raleigh, NC 27615**  
**(919) 676-0407**

**David M. Baines**  
**VP - Embrex, Inc. and**  
**Managing Director, Embrex Europe Ltd.**

**Lucas Garden Cottage**  
**Tye Green, Good Easter**  
**Chelmsford, Essex CM1 4SH**  
**England**  
**011-44-1245-231459**

**Don T. Seaquist**  
**VP - Finance and Administration**  
**132-40-5921**

**100 Eaton Place**  
**Cary, NC 27513**  
**(919) 319-1769**

**Catherine A. Ricks**  
**VP - Research & Development**  
**366-64-5333**

**3336 Manor Ridge Dr.**  
**Raleigh, NC 27603**  
**(919) 779-4038**

**Rick L. Ryan**  
**VP - Global Commercial Development**  
**484-58-3622**

**1002-A Highland Woods Rd.**  
**Chapel Hill, NC 27514**  
**(919) 942-0793**

**Brian V. Cosgriff**  
**VP - Sales & Marketing, North America**  
**206-70-8468**

**7212 Stonecliff Dr. #8**  
**Raleigh, NC 27615**  
**(919) 870-8188**

**V. Hayes Fenstermacher**  
**VP - Manufacturing Services**

**2809 Croix Place**  
**Raleigh, NC 27614**  
**(919) 846-5801**

**Corporate Addresses:**

**Embrex Europe, Ltd. Address:**

**Mail: P. O. Box 13989**  
**Research Triangle Park, NC**  
**27709-3989**  
**Ship: 1035 Swabia Court**  
**Durham, NC 27703**

**11, The Chestnuts**  
**Stortford Road**  
**Great Dunmow, Essex CM6 1DA**  
**England**