# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 24, 2004**
**Secretary of State**

DOCUMENT# F93000003360

**Entity Name:** EMBREX, INC.

**Current Principal Place of Business:**

P.O. BOX 13989
RESEARCH TRIANGLE PARK, NC 27709

**New Principal Place of Business:**

1040 SWABIA COURT
DURHAM, NC 27703

**Current Mailing Address:**

P.O. BOX 13989
RESEARCH TRIANGLE PARK, NC 27709

**New Mailing Address:**

**FEI Number: 56-1469825** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: | VP | ( ) Delete |
| Name: | DON T SEAQUIST, | |
| Address: | 100 EATON PLACE | |
| City-St-Zip: | CARY, NC 27513 | |
| Title: | PCEO | ( ) Delete |
| Name: | MARCUSON, RANDALL L | |
| Address: | 1040 SWABIA COURT | |
| City-St-Zip: | DURHAM, NC 27703 | |
| Title: | D | ( ) Delete |
| Name: | HOLZER, PETER | |
| Address: | 183 EDGESTOUNE RD | |
| City-St-Zip: | PRINCETON, NJ 08540 | |
| Title: | VP | ( ) Delete |
| Name: | RICKS, CATHERINE A | |
| Address: | 3336 MANOR RIDGE DR | |
| City-St-Zip: | RALEIGH, NC 27603 | |
| Title: | D | ( ) Delete |
| Name: | BLACKSHEAR, DAN MR. | |
| Address: | P.O. BOX 589 | |
| City-St-Zip: | MOUNT OLIVE, NC 28365 | |
| Title: | VP | ( ) Delete |
| Name: | COSGRIFF, BRIAN V | |
| Address: | 4820 FOX BRANCH COURT | |
| City-St-Zip: | RALEIGH, NC 27614 | |

**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 |
| Name: | |
| 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 for the exemption stated in Section 119.07(3)(i), 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: DON T. SEAQUIST VP 02/24/2004

Electronic Signature of Signing Officer or Director — Date