

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000003360**

1. Entity Name  
**EMBREX, INC.**



Principal Place of Business  
**1040 SWABIA COURT  
DURHAM, NC 27703**

Mailing Address  
**P.O. BOX 13989  
RESEARCH TRIANGLE PARK, NC 27709**



01192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-1469825**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**U00000605765  
01/30/07-80050-005 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	SEAQUIST, DON T
STREET ADDRESS	1040 SWABIA COURT
CITY-ST-ZIP	DURHAM, NC 27703
TITLE	PCEO
NAME	MARCUSON, RANDALL L
STREET ADDRESS	1040 SWABIA COURT
CITY-ST-ZIP	DURHAM, NC 27703
TITLE	D
NAME	HOLZER, PETER
STREET ADDRESS	183 EDGESTONE RD
CITY-ST-ZIP	PRINCETON, NJ 08540
TITLE	VP
NAME	BRYANT, RON
STREET ADDRESS	1040 SWABIA COURT
CITY-ST-ZIP	DURHAM, NC 27703
TITLE	D
NAME	BLACKSHEAR, DAN MR.
STREET ADDRESS	P.O. BOX 589
CITY-ST-ZIP	MOUNT OLIVE, NC 28365
TITLE	VP
NAME	O'DOWD, JOSPEH P
STREET ADDRESS	1040 SWABIA COURT
CITY-ST-ZIP	DURHAM, NC 27703

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/19/07**

Date

**919-314-2507**

Daytime Phone #