

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90146 040 ***150.00

DOCUMENT # F93000003360

1. Entity 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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **56-1469825**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **DON T SEAQUIST**
STREET ADDRESS **100 EATON PLACE**
CITY-ST-ZIP **CARY NC 27513**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PCEO** ☐ Delete
NAME **MARCUSON, RANDALL L**
STREET ADDRESS **1040 SWABIA COURT**
CITY-ST-ZIP **DURHAM NC 27703**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HOLZER, PETER**
STREET ADDRESS **183 EDGESTONE RD**
CITY-ST-ZIP **PRINCETON NJ 08540**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **RICKS, CATHERINE A**
STREET ADDRESS **3336 MANOR RIDGE DR**
CITY-ST-ZIP **RALEIGH NC 27603**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **MAY, KENNETH**
STREET ADDRESS **203 MCELWEE STREET**
CITY-ST-ZIP **N. WILKSBO RO NC 28659**

TITLE ☐ Change ☒ Addition
NAME **Director - Mr. Dan Blackshear**
STREET ADDRESS **PO BOX 589**
CITY-ST-ZIP **Mt. Olive, NC 28365**

TITLE **VP** ☐ Delete
NAME **COSGRIFF, BRIAN V**
STREET ADDRESS **4820 FOX BRANCH COURT**
CITY-ST-ZIP **RALEIGH NC 27614**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: **DON T SEAQUIST**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/02 919-941-5185
Date Daytime Phone #

CR2E034 (10/02)