2000 UNIFORM BUSINESS REPORT (UBR)

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FILED DOCUMENT # F9300005067 May 16, 2000 8:00 am Secretary of State THE GRAYDON CORPORATION 05-16-2000 90797 036 ***150.00 Principal Place of Business Mailing Address 812 -202 SALEM WOODS DR. 812 -202 SALEM WOODS DR. RALEIGH NC 27615-6210 RALEIGH NC 27615 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 56-1572800 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DODGE, FRANK J. Street Address (P.O. Box Number is Not Acceptable) 3913 LAKE JOYCE DR. LAND O' LAKES FL 34639 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back), ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition PC ☐ Delete TITLE TITLE WATKINS, TIMOTHY M NAME NAME STREET ADDRESS STREET ADDRESS 10708 CAHILL ROAD CITY-ST-ZIP CITY-ST-ZIP RALEIGH NC 27614 ☐ Change ☐ Addition TITLE ☐ Delete TITI F WATKINS, RENEE F NAME STREET ADDRESS STREET ADDRESS 10708 CAHILL ROAD CITY-ST-7IP CITY-ST-ZIP RALEIGH NC 27614 Change Addition TITLE ☐ Delete Starnes, S.O STARNES, S. D. NAME NAME 809 Noisteal Ct. STREET ADDRESS STREET ADDRESS 7101 LAKETREE DR. CITY-ST-ZIP CITY-ST-ZIP RALEIGH NC Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if