FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000005782 (8)

CRAWFORD-DUNN OF N.C., INC. Principal Place of Business Mailing Address 6829 FALL OF NEUSE ROAD 6829 FALLS OF NEUSE ROAD SUITE 103 SUITE 103 DO NOT WRITE IN THIS SPACE RALEIGH NC 27615 RALEIGH NC 37615 US 3. Date Incorporated or Qualified 12/21/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 56-1833050 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Z_{1D} 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Name 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 85 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 11 TITLE TITLE SITES, CHARLES C NAME 1.2 NAME 300 DWELLING HOUSE CT STREET ADDRESS 1.3 STREET ADDRESS RALEIGH NC CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NICHOLSON, HOLLY K 22 NAME NAME 300 DWELLING HOUSE CT STREET ADDRESS 2.3 STREET ADDRESS RALEIGH NC 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP City+St-7iP DELETE Change Addition 4.1 TITLE NAME STREET ADDRESS 43 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 51 TIFLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 62 NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-ZIP

14. Thereby 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 frue and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or frustee 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 or an effective statute of the receiver of frustee 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 or an effective statute of the receiver of frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

1/26/98 (919)848-6050

FILED

Feb 10 1998 8:00am

Secretary of State

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