

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002219 (2)

1. Corporation Name

OBJECTINTELLIGENCE CORPORATION



Principal Place of Business

**6300-138 CREEDMOOR RD., #196
RALEIGH NC 27612**

Mailing Address

**6300-138 CREEDMOOR RD., #196
RALEIGH NC 27612**

2. Principal Place of Business

21 **900 RIDGEFIELD DR.**

Suite, Apt. #, etc.

22 **SUITE 240**

City & State

23 **RALEIGH, NC**

Zip

24 **27609**

Country

2a. Mailing Address

26 **900 RIDGEFIELD DR.**

Suite, Apt. #, etc.

27 **SUITE 240**

City & State

28 **RALEIGH NC**

Zip

29 **27609**

Country

3. Date Incorporated or Qualified
05/05/1995

3a. Date of Last Report

4. FEI Number

56-1875171

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
MURPHY, JULIE P**
STREET ADDRESS **6300-138 CREEDMOOR RD., #196**
CITY-ST-ZIP **RALEIGH NC 27612**

TITLE ☐ DELETE

NAME **VSD
BULLOCK, LISA P**
STREET ADDRESS **6300-138 CREEDMOOR RD., #196**
CITY-ST-ZIP **RALEIGH NC 27612**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **PRESIDENT
MURPHY, BRAD A.**

1.3 STREET ADDRESS **900 RIDGEFIELD DR. SUITE 240**

1.4 CITY-ST-ZIP **RALEIGH NC 27609**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **VP
BULLOCK, LISA P**

2.3 STREET ADDRESS **900 RIDGEFIELD DR.**

2.4 CITY-ST-ZIP **RALEIGH NC 27609**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Brad A. Murphy** **BRAD A. MURPHY** **2/4/96** **919-878-6690**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)