

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90097 002 \*\*\*150.00

DOCUMENT # F95000002219

1. Corporation Name

OBJECTINTELLIGENCE CORPORATION

Principal Place of Business

900 RIDGEFIELD DRIVE  
SUITE 240  
RALEIGH NC 27609  
US

Mailing Address

900 RIDGEFIELD DRIVE  
SUITE 240  
RALEIGH NC 27609  
US

2. Principal Place of Business

21 900 Ridgefield Drive

Suite, Apt. #, etc.

22 Suite 200

City & State

23 Raleigh, NC

Zip

24 27609

Country

25 USA

2a. Mailing Address

26 900 Ridgefield Drive

Suite, Apt. #, etc.

27 Suite 200

City & State

28 Raleigh, NC

Zip

29 27609

Country

30 USA

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

05/05/1995

4. FEI Number

56-1875171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEO ☐ DELETE

NAME MURPHY, BRAD A.  
STREET ADDRESS 900 RIDGEFIELD DRIVE SUITE 240  
CITY-ST-ZIP RALEIGH NC 27609

TITLE P ☐ DELETE

NAME BULLOCK, CHIP  
STREET ADDRESS 900 RIDGEFIELD DR STE 240  
CITY-ST-ZIP RALEIGH NC 27609

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 CEO ☒ Change ☐ Addition

1.2 NAME B. Murphy, Brad A.  
1.3 STREET ADDRESS 900 Ridgefield Drive, Suite 200  
1.4 CITY-ST-ZIP Raleigh, NC 27609

2.1 TITLE President ☒ Change ☐ Addition

2.2 NAME Bullock, Chip  
2.3 STREET ADDRESS 900 Ridgefield Drive, Suite 200  
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 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 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, with all other I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (11/98)