

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

1. Corporation Name

INVESTIGATIVE RESOURCES GLORAL

## **FILED** Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90086 040 \*\*\*150.00

|   | MATIVE RESOURCES GLODA                                 |           |                          |                         |      |               |  |  |  |
|---|--|-----------|--------------------------|-------------------------|------|---------------|--|--|--|
| Principal Place   | of Business  | Ma        | ailing Address           |                         |      |               | <b>\</b>   |  |  |
| 9300 ARROWPOINT BLVD P.O. BOX 1000 CHARLOTTE NC 28273 CHARLOTTE NC 28201-1000   |  |           |                          |                         |      |               | DO NOT WRITE IN THIS SPACE                           |  |  |
| US  |  |           |                          |                         |      |               | 3. Date incorporated or Qualifed                     |  |  |
|   |  |           |                          |                         |      |               | 05/09/1995   |  |  |
| 2 Principal Pl  | ace of Business  | 2a.       | Mailing Address          | <del>-</del>            |      |               | 4. FEI Number Applied For                            |  |  |
| 21  |  |           | 26                       |                         |      |               | 56-1917505 Not Applicable                            |  |  |
| Suite, Apt.   | #, etc.  | 1-01      | Suite, Apt. #, etc.      | <del></del>             |      |               | \$8.75 Additional                                    |  |  |
| 22  |  | 27        |                          | _                       | _    |               | 5. Certificate of Status Desired Fee Required        |  |  |
| City & State  |  |           | City & State             |                         |      |               | 6. Election Campaign Financing \$5.00 May Be         |  |  |
| 23  |  | 28        |                          |                         |      |               | Trust Fund Contribution Added to Fees                |  |  |
| Zip   | Country  | $\vdash$  | Zip                      | _ Country<br>□          | •    |               | 8. This corporation owes the current year Intangible |  |  |
| 24  | 25   | 29        | 30                       | 0                       |      |               | Personal Property Tax.                               |  |  |
|   | 9. Name and Address of Current                         | Regis     | stered Agent             | 81                      | Τ.   | Name          | 10. Name and Address of New Registered Agent         |  |  |
| СТ  | CORPORATION SYSTEM                                     |           |                          | L.                      |      |               |  |  |  |
|   | SOUTH PINE ISLAND ROAD                                 |           |                          |                         |      | Street Ad     | ddress (P.O. Box Number is Not Acceptable)           |  |  |
| PLANTATION FL 33324   |  |           |                          |                         |      |               |  |  |  |
| 10."  |  |           |                          | 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 a | and title | if applicable. (NOTE: Re | egistered Ager          | nt s | agnature requ | quired when reinstating) DATE                        |  |  |
| 12.   | OFFICERS AND   |           |                          | 13.                     |      |               | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    |  |  |
| TITLE   | DP   |           | ☐ DELETE                 | 1.1 TITLE               |      | D<br>m.       | O ☐ Change ☒ Addit                                   |  |  |
| NAME  | GOODNIGHT, KENNETH M                                   |           |                          | 1.2 NAME                |      |               | 3300 Arrowpoint Boulevard                            |  |  |
| STREET ADDRESS  | 9300 ARROWPOINT BLVD.                                  |           |                          | 1.3 STREE               | TAI  |               | Charlotte, NC 28273                                  |  |  |
| CITY-ST-ZIP   | CHARLOTTE NC 28201-1000                                |           |                          | 1.4 CITY-5              | T- Z | ZIP           |  |  |  |
| TITLE   | V  |           | ☐ DELETE                 | 2.1 TITLE               |      | þ             | Change x√√2 Addit                                    |  |  |
| NAME  | LACY, HUNTER B   |           |                          | 2.2 NAME                |      | M:            | Michael J. McGinley<br>1300 Arrowpoint Boulevard     |  |  |
| STREET ADDRESS  | 9300 ARROWPOINT BLVD.                                  | _         | ~.                       | 2.3 STREE               | TAI  |               | Charlotte, NC 28273                                  |  |  |
| CITY-ST-ZIP   | CHARLOTTE NC 28201-1000                                |           |                          | 2. 4 CITY-5             | ST-  |               | r ☐ Change xx Addit                                  |  |  |
| TITLE   | S  |           | ☐ DELETE                 | 3.1 TITLE               |      | Tr.           | Richard N. Davis                                     |  |  |
| NAME  | WHEELER, JOYCE W                                       |           |                          | 3.2 NAME                |      | g:            | 3300 Arrowpoint Boulevard                            |  |  |
| STREET ADORESS  | 9300 ARROWPOINT BLVD.                                  |           |                          | 3.3 STREE               |      | DDRESS C1     | Charlotte, NC 28273                                  |  |  |
| CITY-ST-ZIP   | CHARLOTTE NC 28201-1000                                |           | ☐ DELETE                 | 3.4. CITY-5             | 5T-  | ZIP 17        | 7 ☐ Change x⊠ Addil                                  |  |  |
| TITLE   | DOODEDICK TERRY  |           | □ nereie                 | 4.1 TITLE               |      | Ğ,            | James E. Mitchell                                    |  |  |
| NAME  | BRODERICK, TERRY                                       |           |                          | 4. 2 NAME               |      | 93            | 9300 Arrowpoint Boulevard                            |  |  |
| STREET ADDRESS  | 9300 ARROWPOINT BLVD                                   |           |                          | 4.3 STREE               |      | Ρ.            | Charlotte, NC 28273                                  |  |  |
| CITY-ST-ZIP   | CHARLOTTE NC 28201                                     |           | <b>▼</b> DELETE          | 4.4 CITY-S<br>5.1 TITLE | 1-6  | CIP           | Change Addit   |  |  |
| TITLE   | PATTWELL, ROBERT L JR.                                 |           | × 2000                   | 5.2 NAME                |      | ]             |  |  |  |
| NAME  | ONE JERICHO PLAZA                                      |           |                          | 5.3 STREE               |      | DDRESS        |  |  |  |
| STREET ADDRESS  | JERICHO NY 11753-0873                                  |           |                          | 5.4 CITY-S              |      |               |  |  |  |
| CITY-ST-ZIP<br>TITLE  | D  |           | ☐ DELETE                 | 6.1 TITLE               | _    |               | ☐ Change ☐ Addit                                     |  |  |
| NAME .  | SZCZEPEK, JOHN S                                       |           |                          | 6.2 NAME                |      | }             |  |  |  |
| STREET ADDRESS  | ACCO APPOUNDOINT DIVID                                 |           |                          | 6.3 STREE               | TΑ   | DDRESS        |  |  |  |
| CITY-ST-ZIP   | CHARLOTTE NC 28201-1000                                |           |                          | 6.4 CITY-S              | ST-2 | ZIP           | ·  |  |  |

14. 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 suppliemental 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 like empowered.

CHARLOTTE NC 28201-1000

SIGUALURE NEQUIONELLA CORPORATE Secretary
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Daytime Phone #