

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90106 037 ***150.00

DOCUMENT # **F95000002268**

1. Entity Name
INVESTIGATIVE RESOURCES GLOBAL, INC.



Principal Place of Business
**9300 ARROWPOINT BLVD
CHARLOTTE NC 28273
US**

Mailing Address
**P.O BOX 1000
CHARLOTTE NC 28273**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **56-1917505**

Applied For

Not Applicable

Zip
28273-8135

Country

Zip
28201-1000

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 BAYS STREET
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRODERICK, TERRY	
STREET ADDRESS	9300 ARROWPOINT BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEATTY, SEAN A	
STREET ADDRESS	9300 ARROWPOINT BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHANDLER, THEODORE G	
STREET ADDRESS	9300 ARROWPOINT BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIGAN, WENDY T	
STREET ADDRESS	9300 ARROWPOINT BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCGINLEY, MICHAEL J	
STREET ADDRESS	9300 ARROWPOINT BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HIGGINS, KEVIN D	
STREET ADDRESS	9300 ARROWPOINT BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28273	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph J. Mistretta	
STREET ADDRESS	9 Farm Springs Road	
CITY-ST-ZIP	Farmington, CT 06032	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laura S. Lawrence	
STREET ADDRESS	9300 Arrowpoint Blvd.	
CITY-ST-ZIP	Charlotte, NC 28273	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Linda E. Pettigrew/Corp. Secretary** 1/28/03 704-522-2744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)