FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 16, 2001 8:00 am Secretary of State DOCUMENT # F95000005499 1. Entity Name 05-16-2001 90179 019 ***150.00 NINE RIVERS TECHNOLOGY CORPORATION Principal Place of Business Mailing Address 701 CORPORATE CENTER DR 701 CORPORATE CENTER DR B0056932 SUITE 125 SUITE 125 RALEIGH NC 27607 RALEIGH NC 27607 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 56-1897356 Not Applicable Zip Zin Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change TITLE DCPT Delete TITLE John P. McConnell CLIFFORD, MARK D NAME NAME SEOI Dillard Do. STREET ADDRESS STREET ADDRESS 1215 JONES FRANKLIN ROAD SUITE 102 Cofy, NC 27511 CITY-ST-ZIP CITY-ST-ZIP RALEIGH NC 27606 secretary ICFO Change √ZÍ Delete TITLE ☐ Addition TITLE CLIFFORD, LISA M NAME Actra Weishaupt 5601 Dillard De. NAME STREET ADDRESS STREET ADDRESS 701 CORPORATE CENTER DRIVE SUITE 125 CITY-ST-ZIP CITY-ST-7IP RALEIGH NC 27607 Change ☐ Addition - 🔽 Delete TITLE. TITLE NAME BURGESS, BRENT NAME STREET ADDRESS STREET ADDRESS 701 CORPORATE CENTER DRIVE SUITE 125 CITY-ST-ZIP CITY-ST-ZIP RALEIGH NC 27607 Delete TITI F ☐ Change ☐ Addition TITLE BRANAGAN, J. MILES NAME NAME STREET ADDRESS STREET ADDRESS 701 CORPORATE CENTER DRIVE SUITE 125 CITY-ST-ZIP CITY-ST-ZIP RALEIGH NC 27607 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME Lofton, Jim STREET ADDRESS STREET ADDRESS 701 CORPORATE CENTER DRIVE SUITE 125 CITY-ST-ZIP CITY-ST-ZIP RALEIGH NC 27607

13. 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 eath; 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 11 or Block 12 if

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

WOLF, JACK

RALEIGH NC 27607

701 CORPORATE CENTER DRIVE SUITE 125

√ Delete

Change

Addition