## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F96000005129

Entity Name: TRIAD DESIGN GROUP, P.C.

FILED Jun 22, 2009 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
4807 KOGER BLVD STE C GREENSBORO, NC 27407					
Current Mailing Address:			New Mailin	New Mailing Address:	
4807 KOGER BLVD STE C GREENSBORO, NC 27407					
FEI Number:	56-1892684	FEI Number Applied For ( )	El Number Not Appli	cable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
JACOBSON, NORMAN E 2033 MAIN ST #504 SARASOTA, FL 34237 US					
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:					
	Electronic	Signature of Registered Agent		Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:		elete 3 J BLVD	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:		elete PE BLVD	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	DT () E LINDSEY, RODNI 4807 - C KOGER GREENSBORO, I	BLVD	Title: Name: Address: City-St-Zip:	DT (X) Change ( ) Addition WARREN, JOHN P AIA 4807 - C KOGER BLVD GREENSBORO, NC 27407	
Title: Name: Address: City-St-Zip:	DV () C HILL, L. ALLAN F 4807 - C KOGER GREENSBORO, I	BLVD	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	DV () C WHITE, JIMMY O 4807-C KOGER E GREENSBORO, I	BLVD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	( ) [	elete	Title: Name: Address: City-St-Zip:	DV () Change (X) Addition SOHMER, R. MARK 4807-C KOGER BLVD GREENSBORO, NC 27407	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J STONE DP 06/22/2009