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PROFIT CORPORATION ANNUAL REPORT **1999**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000002417**

1. Corporation Name

M-SQUARED-I, INC.

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90099 017 ***150.00

| Principal Place of Business Mailing Address | 9119 11911 9 1201 11 | (B) ((B) (B) |
|--|-------------------------------------|-------------------------------------|
| 7701 SIX FORKS RD., STE. 120 7701 SIX FORKS RD., STE. 120 | | |
| RALEIGH NC 27615 RALEIGH NC 27615 | | |
| DO NOT WRITE IN THIS | SPACE | |
| 3. Date Incorporated or Qualifed 05/06/1997 | | |
| 2. Principal Place of Business 2a. Mailing Address 4. FEI Number | App | lied For |
| 21 26 56-1803320 | Not | Applicable |
| Crite Ant # etc | \$8.75 A | dditional |
| Suite, Apt. #, etc. 5. Certificate of Status Desired 22 | Fee Rec | quired |
| City & State Election Compaign Financing | \$5.00 h | May Be |
| 23 28 Trust Fund Contribution | Added to | |
| Zip Country Zip Country 8. This corporation owes the current year Inta | angible | |
| | | □No |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | Agent | _ |
| 81 Name | | |
| C T CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) | | _ |
| 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| PLANTATION FL 33324 | | _ |
| | | |
| FL | 85 Zip C | ode |
| 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 r | registered |
| office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, i necessity accept the appoint | ntment as reg | istered |
| 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 OPENSION AND THE REGISTER AND | D DIRECTO | PS IN 12 |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | | |
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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 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.

SIGNATURE:



4-5-99

919-848-4300