

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90308 035 ***150.00

DOCUMENT # F97 00000 2465			
1. Entity Name Visara, Inc.			
Principal Place of Business 2917 Highwoods Blvd. Suite 100 Raleigh, NC 27604		Mailing Address SAME	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

A0062160

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent Shumney, Jay 2805 E. Oakland Park Blvd. Suite 279 Ft. Lauderdale, FL 33306-1813				4. FEI Number 56-1977470		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Name				City		Zip Code	
Street Address (P.O. Box Number is Not Acceptable)				FL			

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE _____		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	President <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	James F. Matthews	NAME			
STREET ADDRESS	320 N. Jensen Rd.	STREET ADDRESS			
CITY-ST-ZIP	Vestal, NY 13850	CITY-ST-ZIP			
TITLE	Vice President <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	James T. Matthews	NAME			
STREET ADDRESS	2917 Highwoods Blvd., Suite 100	STREET ADDRESS			
CITY-ST-ZIP	Raleigh, NC 27604	CITY-ST-ZIP			
TITLE	Secretary <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Lawrence E. Davis	NAME			
STREET ADDRESS	320 N. Jensen Rd.	STREET ADDRESS			
CITY-ST-ZIP	Vestal, NY 13850	CITY-ST-ZIP			
TITLE	Treasurer <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Phillip E. Parrish	NAME			
STREET ADDRESS	2917 Highwoods Blvd., Suite 100	STREET ADDRESS			
CITY-ST-ZIP	Raleigh, NC 27604	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

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

SIGNATURE: Phillip E. Parrish **Phillip E. Parrish, Treasurer** 4/19/01 919-279-6001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)