

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90187 050 \*\*\*150.00

DOCUMENT # F97000004700

1. Corporation Name

STRATEGIC RESOURCE SOLUTIONS CORP.

Principal Place of Business

5625 DILLARD DR.  
CARY NC 27511

Mailing Address

ATTN: KIM MEDLIN  
139 SIGMA DR  
CARY NC 27529  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1997

4. FEI Number

56-1969188

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered 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

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME HARDER, GLENN  
STREET ADDRESS 411 FAYETTEVILLE ST MALL  
CITY-ST-ZIP RALEIGH NC 27601

TITLE C ☐ DELETE  
NAME CAVANAUGH, III W  
STREET ADDRESS 411 FAYETTEVILLE ST MALL  
CITY-ST-ZIP RALEIGH NC 27601

TITLE DP ☒ DELETE  
NAME HUDSON, KENT  
STREET ADDRESS 5625 DILLARD DR.  
CITY-ST-ZIP CARY NC 27511

TITLE S ☐ DELETE  
NAME JOHNSON, WILLIAM  
STREET ADDRESS 411 FAYETTEVILLE ST MALL  
CITY-ST-ZIP RALEIGH NC 27601

TITLE VCFO ☐ DELETE  
NAME CLANTON, RON  
STREET ADDRESS 5625 DILLARD DR.  
CITY-ST-ZIP CARY NC 27511

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE COO ☐ Change ☒ Addition  
1.2 NAME Bobi Morehead  
1.3 STREET ADDRESS 5625 Dillard Dr. Ste 101  
1.4 CITY-ST-ZIP Cary, NC 27511

2.1 TITLE SVP ☐ Change ☒ Addition  
2.2 NAME Kevin E. Lewis  
2.3 STREET ADDRESS 5625 Dillard Dr. Ste 101  
2.4 CITY-ST-ZIP Cary, NC 27511

3.1 TITLE CEO ☒ Change ☐ Addition  
3.2 NAME Cecil Goodnight  
3.3 STREET ADDRESS 5625 Dillard Dr. Ste 101  
3.4 CITY-ST-ZIP Cary, NC 27511

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 supplemental 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)