

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

08-29-2001 90008 037 \*\*\*550.00

0133196 AT

**DOCUMENT # F97000004700**

1. Entity 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**

2. Principal Place of Business

**5625 Dillard Drive**

Suite, Apt. #, etc.

**Suite 101**

City & State

**Cary, NC**

3. Mailing Address

**Attn: Curtis Adams**

**139 Sigma Drive**

Suite, Apt. #, etc.

City & State

**Garner, NC**

4. FEI Number

**56-1969188**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HARDER, GLENN</b>	
STREET ADDRESS	<b>411 FAYETTEVILLE ST MALL</b>	
CITY-ST-ZIP	<b>RALEIGH NC 27601</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>CAVANAUGH, III W</b>	
STREET ADDRESS	<b>411 FAYETTEVILLE ST MALL</b>	
CITY-ST-ZIP	<b>RALEIGH NC 27601</b>	
TITLE	<b>COO</b>	<input type="checkbox"/> Delete
NAME	<b>MOREHEAD, BOB</b>	
STREET ADDRESS	<b>5625 DILLARD DR.</b>	
CITY-ST-ZIP	<b>CARY NC 27511</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, WILLIAM</b>	
STREET ADDRESS	<b>411 FAYETTEVILLE ST MALL</b>	
CITY-ST-ZIP	<b>RALEIGH NC 27601</b>	
TITLE	<b>VCFO</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CLANTON, RON</b>	
STREET ADDRESS	<b>5625 DILLARD DR.</b>	
CITY-ST-ZIP	<b>CARY NC 27511</b>	
TITLE	<b>CEO</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GOODNIGHT, CECIL</b>	
STREET ADDRESS	<b>5625 DILLARD DR STE 101</b>	
CITY-ST-ZIP	<b>CARY NC 27511</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>McGhee, Robert B.</b>	
STREET ADDRESS	<b>411 Fayetteville Street Mall</b>	
CITY-ST-ZIP	<b>Raleigh, NC 27601</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP, CFO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Sandra S. Wyckoff</b>	
STREET ADDRESS	<b>139 Sigma Drive</b>	
CITY-ST-ZIP	<b>Garner, NC 27529</b>	
TITLE	<b>CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Don K. Davis</b>	
STREET ADDRESS	<b>411 Fayetteville Street Mall</b>	
CITY-ST-ZIP	<b>Raleigh, NC 27601</b>	

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:

**SIGNATURE OF REGISTERED AGENT**  
**Sandra S. Wyckoff**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/01

919-661-5032

Date

Daytime Phone #

CR2E034 (5/01)