

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F97000004700

FILED
Jan 14, 2002 8:00 AM
Secretary of State

Entity Name: STRATEGIC RESOURCE SOLUTIONS CORP.

Current Principal Place of Business:

5625 DILLARD DR.
SUITE 101
CARY, NC 27511

New Principal Place of Business:

Current Mailing Address:

ATTN: CURTIS ADAMS
139 SIGMA DR
CARY, NC 27529 US

New Mailing Address:

FEI Number: 56-1969188 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: DAVIS, DON K
Address: 411 FAYETTEVILLE ST MALL
City-St-Zip: RALEIGH, NC 27601

Title: VPCF () Delete
Name: WYCKOFF, SANDRA S
Address: 139 SIGMA DR
City-St-Zip: GARNER, NC 27529

Title: S () Delete
Name: JOHNSON, WILLIAM
Address: 411 FAYETTEVILLE ST MALL
City-St-Zip: RALEIGH, NC 27601

Title: COO () Delete
Name: MOREHEAD, BOB
Address: 5625 DILLARD DR.
City-St-Zip: CARY, NC 27511

Title: C () Delete
Name: CAVANAUGH, III W
Address: 411 FAYETTEVILLE ST MALL
City-St-Zip: RALEIGH, NC 27601

Title: D () Delete
Name: MCGHEE, ROBERT B
Address: 411 FAYETTEVILLE ST MALL
City-St-Zip: RALEIGH, NC 27601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVP (X) Change () Addition
Name: OSMOND, GLENN D
Address: 411 FAYETTEVILLE MALL
City-St-Zip: RALEIGH, NC 27601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SANDRA S. WYCKOFF

VPCF

01/14/2002

Electronic Signature of Signing Officer or Director

Date