## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 14, 2000 8:00 am Secretary of State DOCUMENT # F97000006046 1. Entity Name STRATEGIC OUTSOURCING GROUP, INC. 02-14-2000 90021 021 \*\*\*150.00 相对数据的法 医水流 原料 Principal Place of Business Mailing Address 4421 STUART ANDREW BLVD., STE. 200 STUART ANDREW BLVD.. STE. 200 HARLISTIE NC 28217 CHARLOTTE NC 28217-2557 R0018680 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 56-1952356 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) 泛集市和五月里市港 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **₩ SOFFICERS AND DIRECTORS** 12. 👸 at alimbe bylasen Change Addition CD TITLE Delete 🔀 NAME MARIANO, STEVEN M NAME STREET ADDRESS 4401 BARCLAY DOWNS DRIVE STREET ADDRESS CITY-ST-ZIP CHARLOTTE NC 28209 ··· · ☐ Change Addition CSD TITLE ☐ Delete TITLE FOTSCH, ROBERT M NAME NAME STREET ADDRESS 4421 STUART ANDREW BLVD., STE. 200 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CHARLOTTE NC 28217 ☐ Addition DP Change ☐ Delete TITLE TITLE BELL, DAVID G NAME NAME 4421 STUART-ANDREW-BLVD: STE: 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CHARLOTTE NC 28217** ☐ Addition Change ☐ Delete TITLE TITLE FOTSCH, ROBERT M NAME NAME 4421 STUART ANDREW BLVD., STE. 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC 28217 Change ☐ Addition ☐ Delete TITLE TITLE THIGPEN, JOHN B NAME NAME STREET ADDRESS STREET ADDRESS 4421 STUART ANDREW BLVD., STE. 200 CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC 28217 Asst. Secretary James W. Neal Addition Change ☐ Delete TITLE TITLE NAME NAME 4421 Stuart Andraw Blud. # 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Z82/ CITY-ST-ZIE 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 AND TYPED OR PRINTED NAME OF SIGNING OFF Asst.Ser.

CR2E034 (9/99)