

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90054 006 \*\*\*150.00

0444118

**DOCUMENT # F97000006046**

1. Entity Name  
**STRATEGIC OUTSOURCING GROUP, INC.**

Principal Place of Business Mailing Address  
~~4421 STUART ANDREW BLVD., STE. 200~~ ~~4421 STUART ANDREW BLVD., STE. 200~~  
 CHARLOTTE NC 28217 CHARLOTTE NC 28217

2. Principal Place of Business 3. Mailing Address  
**5260 Parkway Plaza Blvd** **PO Box 24148**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 140**

City & State City & State  
**Charlotte NC** **Charlotte NC**

Zip Country Zip Country  
**28217 USA** **28224 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **56-1952356** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS	
TITLE NAME	<b>AS NEAL, JAMES W</b> <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<del>4421 STUART ANDREW BLVD 200 CHARLOTTE NC 28209</del>
TITLE NAME	<b>CSD FOTSCH, ROBERT M</b> <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<del>4421 STUART ANDREW BLVD., STE. 200 CHARLOTTE NC 28217</del>
TITLE NAME	<b>DP BELL, DAVID G</b> <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<del>4421 STUART ANDREW BLVD., STE. 200 CHARLOTTE NC 28217</del>
TITLE NAME	<b>S FOTSCH, ROBERT M</b> <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<del>4421 STUART ANDREW BLVD., STE. 200 CHARLOTTE NC 28217</del>
TITLE NAME	<b>T THIGPEN, JOHN B</b> <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<del>4421 STUART ANDREW BLVD., STE. 200 CHARLOTTE NC 28217</del>
TITLE NAME	_____ <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	_____

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<b>P.O. Box 24148</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>Charlotte NC 28224</b>
TITLE NAME	_____ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME	_____ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME	_____ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 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 empowerments.

SIGNATURE: James W Neal  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01 704-523-2191  
 Date Daytime Phone #

CR2E034 (10/00)