

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 02, 1999 8:00 am
Secretary of State

03-02-1999 90196 002 ***150.00

DOCUMENT # F98000000166

1. Corporation Name

IVIS INTERNATIONAL, INC.



Principal Place of Business

**5400 GLENWOOD AVENUE, SUITE 400
RALEIGH NC 27612**

Mailing Address

**5400 GLENWOOD AVENUE, SUITE 400
RALEIGH NC 27612**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1998

4. FEI Number

88-0213684

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

2501 Blue Ridge Road

**Suite, Apt. #, etc.
Ste 500**

**City & State
RALEIGH, NC**

**Zip Country
27607 USA**

2a. Mailing Address

2501 BLUE Ridge Rd.

**Suite, Apt. #, etc.
Ste 500**

**City & State
RALEIGH, NC**

**Zip Country
27607 USA**

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 **PCEO** ☒ DELETE
NAME **O'NEILL, SCHAEFER**
STREET ADDRESS **4308 JOHNSTON BUSBEE WYND**
CITY-ST-ZIP **RALEIGH NC 27612**

TITLE **DV** ☐ DELETE
NAME **HALE, MICHAEL**
STREET ADDRESS **25 ROSE HILL ROAD**
CITY-ST-ZIP **SUFFERN NY 10901**

TITLE **VSD** ☐ DELETE
NAME **BURGON, JEROLD**
STREET ADDRESS **228 JANSMITH LANE**
CITY-ST-ZIP **RALEIGH NC 27615**

TITLE **CFOT** ☐ DELETE
NAME **MCALISTER, DAVIS**
STREET ADDRESS **440 FOX BAY DRIVE**
CITY-ST-ZIP **BRANDON MS 39042**

TITLE **D** ☒ DELETE
NAME **ZIMMERMANN, A. C**
STREET ADDRESS **600 E. WILLIAMS STREET**
CITY-ST-ZIP **CARSON CITY NC 89706**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **Vice President** ☒ Change ☐ Addition
2.2 NAME **Mike Hale**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
3.2 NAME **JEROLO D. BURGON**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **Vice President, CFO + Treasurer** ☒ Change ☐ Addition
4.2 NAME **Davis McAlister**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **SECRETARY** ☐ Change ☒ Addition
5.2 NAME **EUGENE M. GRIFFIN**
5.3 STREET ADDRESS **32 DEERFIELD RD**
5.4 CITY-ST-ZIP **MENDHAM, NJ 07945**

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

Jerold D. Burgon, Pres. **2/8/99** **(919) 376-1100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)