

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90026 046 \*\*\*150.00

**DOCUMENT # F98000001681**

1. Entity Name

N.A. ORION INTERNATIONAL CONSULTING, INC.



Principal Place of Business

5511 CAPITAL CENTER DRIVE  
SUITE 216  
RALEIGH, NC 27606

Mailing Address

5511 CAPITAL CENTER DRIVE  
SUITE 216  
RALEIGH, NC 27606

40008023



01152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

56-1723928

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HECHT, TODD  
13342 AMBERWOOD ST  
HUDSON, FL 34669

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
LAUGHLIN, WILLIAM H  
5511 CAPITAL CENTER DR., STE 216  
RALEIGH, NC

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSTD  
NELSON, RANDALL H  
5511 CAPITAL CENTER DRIVE, STE 216  
RALEIGH, NC

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
STARICH, MICHAEL P  
912 CAPITAL OF TEXAS HWY SOUTH  
AUSTIN, TX 78746

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM H LAUGHLIN

19 Jan 07

Date

Daytime Phone #

919 851-3309 ext 145