

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 27, 2003 8:00 am**  
**Secretary of State**

08-27-2003 90079 013 \*\*\*550.00

0146145 AB

**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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **56-1723928**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CATALANO, DAVID  
10151 DEERWOOD PARK BLVD, BLDG. 300, 200  
SUITE 220 105  
JACKSONVILLE FL 32256**

Name **Catalano, David**  
Street Address (P.O. Box Number is Not Acceptable)

**10151 Deerwood Park Blvd. Bldg. 200 105**  
City **Jacksonville** **FL** Zip Code **32256**

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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **VD TULLY III, JAMES R**  
STREET ADDRESS **2 CORPORATE CTR. COOL SPGS BLVD.**  
CITY-ST-ZIP **FRANKLIN TN 37067**

TITLE ☒ Change ☐ Addition  
NAME **VD Tully III, James R**  
STREET ADDRESS **43 4th Ave**  
CITY-ST-ZIP **Franklin, TN 37064**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Carriatu Leanne WIRE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/11/03**  
Date

**919-851-3309**  
Daytime Phone #

CR2E034 (4/03)