## 2002 Uniform Busi**ness Repo**rt (UBR)

## Apr 17, 2002 8:00 am Secretary of State DOCUMENT # J25467 1. Entity Name 04-17-2002 90159 021 \*\*\*150.00 RESEARCH DEVELOPMENT CORPORATION Mailing Address Principal Place of Business 8 DUDLEY CIR. 8 DUDLEY CIRCLE **DURHAM NC 27703** DURHAM NC 27703 บร 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0097204 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRIMES, CALEB J. 1023 MANATEE AVE. W. **BRADENTON FL 33506** ing its registered office or registered agent, or both, in the State of Florida. duroose of cha 8. The above named entity submits this statement for SIGNATUR (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 foration is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE DPT Delete TITLE NAME NAME HALEY, DAVID J. STREET ADDRESS STREET ADDRESS 8 DUDLEY CIRCLE CITY-ST-ZIP CITY-ST-ZIP **DURHAM NC** Change □ Addition ☐ Delete TITLE TITI E NAME NAME HALEY, BETTIE ANN STREET ADDRESS STREET ADDRESS **8 DUDLEY CIRCLE** CITY-ST-ZIP CITY-ST-7IP **DURHAM NC** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME = STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 employered to except 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 a other like empowered. SIGNA d J. Haley SIGNATURE: SIGNATURE AND TYPED OR PRINTED NO. 6 SIGNING OFFICER