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1. *Anticardiolin* (1990) 10, 101-104.

ANSCO & ASSOCIATES, INC.

P O BOX 20024
GREENSBORO NC 27420

$$L_n = \{0, 1, \dots, n-1\} \quad \text{for } n \geq 1, \quad L_0 = \{\emptyset\}.$$

3a. Date of Last Report
05/01/1994

| Applicant for | Post Appointment |
|---------------|------------------|
|---------------|------------------|

**\$8.75 Additional
Fee Required**

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




| | | | |
|----|----------------------|----|----------------|
| 21 | 16-C OAK BRANCH DOVE | 26 | PO BOX 18445 |
| 22 | | 27 | |
| 23 | GREENS BORO NC | 28 | GREENS BORO NC |
| 24 | 27407 | 29 | 27416 |
| 25 | GUILFORD | 30 | GUILFORD |

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

| | |
|----|---|
| 81 | Name |
| 82 | Street Address, P.O. Box Number, or Mailing Address |
| 83 | |
| 84 | City |
| 85 | Zip Code |

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2000 年 10 月 10 日

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| 12. | OFFICER AND ADDRESS | 13. | ADDITIONS, CHANGES TO OFFICERS AND ADDRESSES IN 12. |
|----------------|-------------------------------------|----------------|---|
| NAME | P | NAME | PRESIDENT |
| STREET ADDRESS | CYPHERD, JOHN M | NAME | NIELSEN, STEVEN E |
| CITY, STATE | 2401A MONTREAL AVE
GREENSBORO NC | STREET ADDRESS | 16-C OAK BRANCH DRIVE |
| NAME | VP | CITY, STATE | GREENSBORO NC 27407 |
| NAME | NIELSEN, STEVEN E | NAME | VICE PRESIDENT |
| STREET ADDRESS | 2401 A MONTREAL AVE | NAME | TIMOTHY R. LUTZ |
| CITY, STATE | GREENSBORO NC | STREET ADDRESS | 16-C OAK BRANCH DRIVE |
| NAME | VP | CITY, STATE | GREENSBORO, NC 27407 |
| NAME | SCOTT, THOMAS E | NAME | DELETE |
| STREET ADDRESS | 2401 A MONTREAL AVE | STREET ADDRESS | |
| CITY, STATE | GREENSBORO NC | CITY, STATE | |
| NAME | ST | NAME | |
| NAME | EVANS, JAMES H | NAME | |
| STREET ADDRESS | 2401A MONTREAL AVE | STREET ADDRESS | 16-C OAK BRANCH DRIVE |
| CITY, STATE | GREENSBORO NC | CITY, STATE | GREENSBORO NC 27407 |
| NAME | VPD | NAME | |
| NAME | PLEDGER, THOMAS R. | NAME | |
| STREET ADDRESS | 450 AUSTRALIAN AVE. S. | STREET ADDRESS | |
| CITY, STATE | WEST PALM BEACH FL | CITY, STATE | WEST PALM BEACH FL 33401 |
| NAME | D | NAME | |
| NAME | ADAMS, LOUIS W. | NAME | |
| STREET ADDRESS | 450 AUSTRALIAN AVE. S. | STREET ADDRESS | |
| CITY, STATE | WEST PALM BEACH FL | CITY, STATE | WEST PALM BEACH FL 33401 |

14. I do hereby certify that the undersigned appeared before me, a duly qualified, licensed and sworn deputy of the superior court in and for the State of Florida, and that the undersigned made oath to the genuineness of signature and contents of the foregoing and that my signature shall have the same legal effect as if made in person. That said certificate is given in full compliance with the provisions of the statute in this regard and that the required signature of the undersigned is attached to the foregoing and that my name appears on the back of the foregoing.

SIGNATURE: James Hoyt Evans James Hoyt Evans 4-26-95 910-852 3433

SIGNATURE AND TYPE OR PRINTED NAME OF ISSUING OFFICIAL ON BACK OF

Secretary/Treasurer for Aarex & Associates Inc

0478020