

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90526 021 ***150.00

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04202004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2830399 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	TOMACK, DAVID D	
STREET ADDRESS	150 REGENCY FOREST DRIVE STE 100	
CITY-ST-ZIP	CARY, NC 27511	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HUNT, DANIEL I	
STREET ADDRESS	150 REGENCY FOREST DRIVE STE 100	
CITY-ST-ZIP	CARY, NC 27511	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BYRAE, RICHARD J	
STREET ADDRESS	150 REGENCY FOREST DRIVE STE 100	
CITY-ST-ZIP	CARY, NC 27511	
TITLE	S	<input type="checkbox"/> Delete
NAME	LYNCH, JOHN H	
STREET ADDRESS	150 REGENCY FOREST DRIVE STE 100	
CITY-ST-ZIP	CARY, NC 27511	
TITLE	D	<input type="checkbox"/> Delete
NAME	BILTZ, TIMOTHY G	
STREET ADDRESS	150 REGENCY FOREST DRIVE STE 100	
CITY-ST-ZIP	CARY, NC 27511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas A. Prestwood	
STREET ADDRESS	100 Regency Forest DR	
CITY-ST-ZIP	Cary, NC 27511	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gabriela Gonzalez	
STREET ADDRESS	100 Regency Forest DR	
CITY-ST-ZIP	Cary, NC 27511	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James S. Felman	
STREET ADDRESS	100 Regency Forest DR	
CITY-ST-ZIP	Cary, NC 27511	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John H. Lynch	
STREET ADDRESS	100 Regency Forest DR	
CITY-ST-ZIP	Cary, NC 27511	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy G. Biltz	
STREET ADDRESS	100 Regency Forest DR	
CITY-ST-ZIP	Cary, NC 27511	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: James S. Felman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-04

Date

919-468-0112

Daytime Phone #