

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001731

FILED
Mar 28, 2006
Secretary of State

Entity Name: MID-ATLANTIC HTE USER'S GROUP, INC.

Current Principal Place of Business:

10 SALEM STREET
THOMASVILLE, NC 27360

New Principal Place of Business:

PO BOX 1810
WILMINGTON, NC 284021810

Current Mailing Address:

C/O STEPHANIE JACOBS
P.O. BOX 1810
WILMINGTON, NC 284021810

New Mailing Address:

FEI Number: 56-2189458 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAYHEW, SANDY
Address: 7499 COUNTY COMPLEX RD.
City-St-Zip: HANOVER, VA 23069

Title: DP () Delete
Name: CEASE, BILL
Address: 41770 BALDRIDGE ST.
City-St-Zip: LEONARDTOWN, MD 20650

Title: DV () Delete
Name: WATSON, CRYSTAL
Address: CITY OF HICKORY, PO BOX 398
City-St-Zip: HICKORY, NC 28603

Title: DT () Delete
Name: REECE, SANDY L
Address: CITY OF THOMASVILLE, PO BOX 368
City-St-Zip: THOMASVILLE, NC 27361

Title: S () Delete
Name: PENDERGRASS, JENNIFER A
Address: PO BOX 470
City-St-Zip: HANOVER, VA 23069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WATSON, CRYSTAL
Address: CITY OF HICKORY, PO BOX 398
City-St-Zip: HICKORY, NC 28603

Title: DP (X) Change () Addition
Name: REECE, SANDY A
Address: CITY OF THOMASVILLE, PO BOX 368
City-St-Zip: THOMASVILLE, NC 27361

Title: DV (X) Change () Addition
Name: PENDERGRASS, JENNIFER A
Address: PO BOX 470
City-St-Zip: HANOVER, VA 23069

Title: DT (X) Change () Addition
Name: JACOBS, STEPHANIE S
Address: CITY OF WILMINGTON, PO BOX 1810
City-St-Zip: WILMINGTON, NC 284021810

Title: S (X) Change () Addition
Name: ASHE JR, GLENN
Address: COUNTY OF ORANGEBURG, PO BOX DRAWER 9000
City-St-Zip: ORANGEBURG, SC 29116

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE JACOBS

DT

03/28/2006

Electronic Signature of Signing Officer or Director

Date