## **FILED** 2001 UNIFORM BUSINESS REPORT (UBR Jan 19, 2001 8:00 am

| DOCUMENT # P03458  1. Entity Name  DRILLERS SERVICE OF NORTH CAROLINA, INC. |   |  |   | Secretary of State 01-19-2001 90078 034 ***150.00  |                             |                           |  |
|---|---|--|---|--|-----------------------------|---------------------------|--|
| Principal Plac  | ce of Business  | Mailing Address  |   |  |                             |                           |  |
| P.O. DRAWER 1407  |   | 1792 HIGHLAND AVENUE, N.E.<br>P.O. DRAWER 1407<br>HICKORY NC 28603 |   | C0006017   |                             |                           |  |
| 2. Principal Place of Business 3  |   | 3. Mailing Address   |   |  |                             |                           |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   | DO NOT WRITE IN THIS SPACE                         |                             |                           |  |
| City & State  |   | City & State   |   | 4. FEI Number 56-0598                              | 3253                        | Applied For               |  |
| Zip   | Country   | Zip  | Country   | 5. Certificate of Status Desi                      |                             | Not Applicable Additional |  |
| <del> </del>  | 6. Name and Address of Current Re   | gistered Agent   | <del></del>   | 7. Name and Address of N                           | Fee Rec                     | furea                     |  |
|   | o. Name and Address of Outrent registered Agont   |  |   | Name   |                             |                           |  |
| CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD<br>PLANTATION FL 33324    |   |  | Street Addres   | Street Address (P.O. Box Number is Not Acceptable) |                             |                           |  |
|   |   |  | City  | <del></del>  | FL Zip                      | Code                      |  |
| 8. The above  | e named entity submits this statement for the statement for the statement for the statement of registered agent and   |  | gistered office or regis<br>Registered Agent signature requi  |  | of Florida.                 |                           |  |
|   |   |  | FEE IS \$150.00<br>Fee will be \$550.00<br>to Department of S | i Hust rung Contri                                 |                             | 5.00 May Be               |  |
| 11.   | OFFICERS AND DIE  | RECTORS  | 12.   | ADDITIONS/CHANGES TO                               | OFFICERS AND DIRECT         | FORS IN 11                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                       | PTD<br>REDDEN, RICHARD A.<br>1792 HIGHLAND AVE, N.E.<br>HICKORY NC 28601  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                         |  | ☐ Char                      | nge Addition              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | VD<br>DAMERON, L.R.<br>1792 HIGHLAND AVE, N.E.<br>HICKORY NC 28601  | □ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                         |  | ☐ Char                      | nge 🔲 Addition            |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                       | D<br>INMAN; J. L.<br>202 MILES STREET<br>SYLVESTER GA   | ☐ Delete   | TITLE "NAME STREET ADDRESS CITY-ST-ZIP                        | · ·  | ☐ Char                      | nge 🗍 Addition            |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                       | SD<br>CLINE, R. W.<br>1792 HIGHLAND AVE, N.E.<br>HICKORY NC 28601   | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                         |  | ☐ Char                      | nge Addition              |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                       | D<br>DIXON, C.D.<br>106 SECOND ST., N.E.<br>HICKORY NC 28601  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                         |  | ☐ Char                      | nge.                      |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                       | D<br>GRIFFIN, W. N.<br>1003 RALEIGH RD.<br>SMITHFIELD NC  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                         |  | ☐ Chan                      | nge 🔲 Addition            |  |
| indicated   | certify that the information supplied with thi<br>d on this report or supplemental report is tru<br>rporation or the receiver or trustee empower,<br>or on an attachment with any address, with | e and accurate and that my   | signature shall have the                                      | e same legal effect as if made ur                  | ider oath: that I am an off | ficer or director L       |  |

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF DIRECTOR DIRECTO

Drillers Service, Inc.

56-0598253

11. X. continued

D

Penland, J. E. 8219 Rear Cloverleaf Dr Millersville MD 21108

D

Spurrier, R. E. 743 15th Ave NW Hickory NC 28601

D ·

Moser, C. E. 1792 Highland Ave NE Hickory NC 28601

D

Burke, G. C. 147 Havenhurst Rd Hickory NC 28601