

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P08365 (9)

1. Corporation Name
ILLUMELEX CORPORATION

Principal Place of Business 2925 HUNLEIGH DR SUITE 104 RALEIGH NC 27604	Mailing Address PO BOX 10461 RALEIGH NC 27605
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/10/1985	3a. Date of Last Report 04/28/1994
4. FEI Number 56-1490835	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**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 is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE CT CORPORATION (RENEWAL APPLICATION) 1/20/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	CHAPPELL, R. HAROLD
STREET ADDRESS	4204 BERRY D SIMS WYND
CITY-ST-ZIP	RALEIGH NC 27604
TITLE	V
NAME	CHAMBLEE, NEIL P.
STREET ADDRESS	309 FOXHALL ST
CITY-ST-ZIP	RALEIGH NC 27609
TITLE	V
NAME	HARRISON, NATHANIEL E.
STREET ADDRESS	1207 NEW HOPE ROAD, EXT.
CITY-ST-ZIP	RALEIGH NC 27604
TITLE	CFO
NAME	COUPLAND, RANDY
STREET ADDRESS	1315 WILLIAMSON DR
CITY-ST-ZIP	RALEIGH NC 27608
TITLE	D
NAME	DOGGETT, RON E
STREET ADDRESS	6131 FALLS OF NEUSE RD
CITY-ST-ZIP	RALEIGH NC 27609
TITLE	D
NAME	EARTHMAN, BILL
STREET ADDRESS	310 25TH AVE N #103
CITY-ST-ZIP	NASHVILLE TN 37203

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	POSITION OPEN
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 this 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 12 or Block 13 if changed, or in an amendment with an addendum.

SIGNATURE: [Signature] 1/20/95 719/525-2448
Signature AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #