


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90369 048 ***150.00

DOCUMENT # P16984	
1. Entity Name HYNES INC.	

Principal Place of Business 6525 MORRISON BOULEVARD SUITE 515 CHARLOTTE, NC 28211	Mailing Address 6525 MORRISON BOULEVARD SUITE 515 CHARLOTTE, NC 28211
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14004549



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04082004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, HENRY C III	NAME	
STREET ADDRESS	3729 COREY PL NW	STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON, DC 20016	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, JOHN E.	NAME	
STREET ADDRESS	3105 FOXRIDGE ROAD	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE, NC 28226	CITY-ST-ZIP	
TITLE	AVAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THREATT, DIANE C	NAME	
STREET ADDRESS	417 AMANDA DR	STREET ADDRESS	
CITY-ST-ZIP	MATTHEWS, NC	CITY-ST-ZIP	
TITLE	VPAS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MADARIS, JENNIFER	NAME	Self, Gail
STREET ADDRESS	930 GATESHEAD LN.	STREET ADDRESS	5067 Daffodil Ln
CITY-ST-ZIP	MATTHEWS, NC 28105	CITY-ST-ZIP	Concord, NC 28025
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASP, MICHAEL E	NAME	
STREET ADDRESS	4608 AVE LONGCHAMPS	STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 33549	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELINAS, PHILIP A	NAME	
STREET ADDRESS	9 MICHAEL WAY	STREET ADDRESS	
CITY-ST-ZIP	ACUSHNET, MA 02743	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: Gail C Self **4/8/04** **704-365-1220 x310**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #