

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P21078 (1)**

1. Corporation Name
BUDD SERVICES, INC.



Principal Place of Business: **2325 SOUTH STRATFORD ROAD WINSTON-SALEM NC 27103-6223**
Mailing Address: **2325 SOUTH STRATFORD ROAD WINSTON-SALEM NC 27103-6223**

3. Date Incorporated or Qualified: **09/27/1988**
3a. Date of Last Report: **03/17/1995**

2. Principal Place of Business (21) State, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **56-0750470**
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: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: PD	<input type="checkbox"/> DELETE
NAME: BUDD, RICHARD P.	
STREET ADDRESS: 2325 S. STRATFORD ROAD	
CITY-STATE-ZIP: WINSTON-SALEM NC	
TITLE: VST	<input type="checkbox"/> DELETE
NAME: CHRISCO, GERALD L.	
STREET ADDRESS: 2325 S STRATFORD RD.	
CITY-STATE-ZIP: WINSTON-SALEM NC	
TITLE: D	<input type="checkbox"/> DELETE
NAME: MAY, WILLIAM JOSEPH, SR.	
STREET ADDRESS: 2325 S. STRATFORD ROAD	
CITY-STATE-ZIP: WINSTON-SALEM NC	
TITLE: VD	<input type="checkbox"/> DELETE
NAME: BUDD, JOSEPH R	
STREET ADDRESS: 2325 S STRATFORD RD	
CITY-STATE-ZIP: WINSTON-SALEM NC	
TITLE: VD	<input checked="" type="checkbox"/> DELETE
NAME: FOX, F. PATRICK	
STREET ADDRESS: 2325 S STRATFORD RD	
CITY-STATE-ZIP: WINSTON-SALEM NC	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-STATE-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: BUDD, RICHARD P.	
3. STREET ADDRESS: 2325 S. STRATFORD ROAD	
4. CITY-STATE-ZIP: WINSTON-SALEM, NC 27103	
2. TITLE: VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: CHRISCO, GERALD L.	
2.3 STREET ADDRESS: 2325 S. STRATFORD ROAD	
2.4 CITY-STATE-ZIP: WINSTON-SALEM, NC 27103	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-STATE-ZIP:	
4.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME: BUDD, JOSEPH R.	
4.3 STREET ADDRESS: 2325 S. STRATFORD ROAD	
4.4 CITY-STATE-ZIP: WINSTON-SALEM, NC 27103	
5.1 TITLE: VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME: JONES, MICHAEL E.	
5.3 STREET ADDRESS: 100 MEREDITH DRIVE, SUITE 150	
5.4 CITY-STATE-ZIP: DURHAM, NC 27713	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-STATE-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 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 12 or Block 13, changed, or on an attachment, with an address.

SIGNATURE: *Joseph L. Christ* 2/15/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)