


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90043 021 \*\*\*150.00

**DOCUMENT # P21078**  
 1. Entity Name  
 THE BUDD GROUP, 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

**24011030**



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

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

02102004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
 CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

4. FEI Number  
 56-0750470

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: CD NAME: BUDD, RICHARD P. STREET ADDRESS: 2325 S. STRATFORD ROAD CITY-ST-ZIP: WINSTON-SALEM, NC	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: CHRISCO, GERALD L. STREET ADDRESS: 2325 S STRATFORD RD. CITY-ST-ZIP: WINSTON-SALEM, NC	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: BUDD, JOSEPH R STREET ADDRESS: 2325 S STRATFORD RD CITY-ST-ZIP: WINSTON-SALEM, NC	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: JONES, MICHAEL STREET ADDRESS: 100 MEREDITH DRIVE, SUITE 150 CITY-ST-ZIP: DURHAM, NC	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: BUDD, THEODORE P STREET ADDRESS: 1000 AMBLE DRIVE CITY-ST-ZIP: CHARLOTTE, NC 28206	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Gerald L. Chrisco* Gerald L. Chrisco Secretary/Treasurer  
 Date: 2/10/04 Daytime Phone #: 336/659-5040

Attachment

24/01/030

#P21078

## THE BUDD GROUP

### OFFICERS

President/CEO/COO	Joseph R. Budd	P. O. Box 25128	Winston-Salem, NC 27114-5128
CFO/Secretary/Treasurer	Gerald L. Chrisco	P. O. Box 25128	Winston-Salem, NC 27114-5128
Vice President	Michael E. Jones	100 Meridith Drive, Suite 150	Durham, NC 27713

### BOARD OF DIRECTORS

Joseph R. Budd, Chairman	P. O. Box 25128	Winston-Salem, NC 27114-5128
Gerald L. Chrisco	P. O. Box 25128	Winston-Salem, NC 27114-5128
Michael E. Jones	100 Meridith Drive, Suite 150	Durham, NC 27713
Theodore P. Budd	1000 Amble Drive	Charlotte, NC 28206