FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 26 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P32723 (9)

1. Corporation Name
~~NALLAMALA WILSON, P.A.~~
NALLAMALA, HALL & WILSON, P.A.

Principal Place of Business	Mailing Address
1381 OLD MILL CIRCLE, SUITE 101 WINSTON-SALEM NC 27103-2951	1381 OLD MILL CIRCLE, SUITE 101 WINSTON-SALEM NC 27103-2951

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/01/1991
3a. Date of Last Report: 03/25/1994
4. FEI Number: 56-1365859 ☐ 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 XX No

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

9. Name and Address of Current Registered Agent

DREW, HORACE R., JR.
206 WEST FORSYTH ST., STE. 1020
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: Ailish O'Connor
82 Street Address (P.O. Box Number is Not Acceptable): 200 W. Forsyth St Ste1020
83
84 City: Jacksonville FL 85 Zip Code: 32202

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: [signature] Ailish O'Connor 4/6/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PCD	1.1 TITLE	☐ Change ☐ Addition
NAME	NALLAMALA, S. BABU	1.2 NAME	
STREET ADDRESS	4153 ALLISTAIR ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINSTON-SALEM NC	1.4 CITY-ST-ZIP	500001466675
TITLE	VSD	2.1 TITLE	-04/27/95--01[illegible]--007 ☐ Change ☐ Addition
NAME	WILSON, H. FLETCHER JR.	2.2 NAME	****200.00 ****200.00
STREET ADDRESS	5854 HEDGECOCK ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	KERNERSVILLE NC	2.4 CITY-ST-ZIP	
TITLE	TAS	3.1 TITLE	☐ Change ☐ Addition
NAME	NALLAMALA, VIJAYA L.	3.2 NAME	
STREET ADDRESS	4153 ALLISTAIR ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINSTON-SALEM NC	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	NALLAMALA, VIJAYA L.	4.2 NAME	
STREET ADDRESS	4153 ALLISTAIR ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINSTON-SALEM NC	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	VD ☐ Change [X] Addition
NAME		5.2 NAME	HALL, JR., J. CARLDON
STREET ADDRESS		5.3 STREET ADDRESS	11600 CHAPPELLS WAY
CITY-ST-ZIP		5.4 CITY-ST-ZIP	RALEIGH, NC
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 if changed, or on an attachment with an address.

SIGNATURE: [signature] S. Babu Nallamala 3/30/95 (910) 765-4651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #