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 # **P32887** **(2)**

1. Corporation Name

MJM INVESTIGATIONS, INC.

Principal Place of Business	Mailing Address
2321 BLUE RIDGE ROAD. SUITE C RALEIGH NC 27607	2321 BLUE RIDGE ROAD. SUITE C RALEIGH NC 27607

3. Date Incorporated or Qualified: 02/20/1991

3a. Date of Last Report: 01/20/1995

2. Principal Place of Business
21 8000 Aerial Center
Suite, Apt. #, etc.
22 Suite 300
City & State
23 Morrisville, NC
Zip 24 27560 Country 25 USA

2a. Mailing Address
26 8000 Aerial Center
Suite, Apt. #, etc.
27 Suite 300
City & State
28 Morrisville, NC
Zip 29 27560 Country 30 USA

4. FEI Number: 56-1664861 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MALONE, MICHAEL JOHN		1.2 NAME	
STREET ADDRESS	6200 BAYSWATER TRAIL		1.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	FAGGART, DAVID BRENT		2.2 NAME	
STREET ADDRESS	6200 BAYSWATER TRAIL		2.3 STREET ADDRESS	5820 Waterford Valley Crescent #621
CITY-ST-ZIP	RALEIGH NC		2.4 CITY-ST-ZIP	Raleigh, NC 27612
TITLE	S	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	MALONE, CHRISTOPHER		3.2 NAME	
STREET ADDRESS	2321 BLUE RIDGE RD #C		3.3 STREET ADDRESS	8000 Aerial Center, Suite 300
CITY-ST-ZIP	RALEIGH NC		3.4 CITY-ST-ZIP	Morrisville, NC 27560
TITLE	T	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MCLOUGHLIN, TOM		4.2 NAME	
STREET ADDRESS	2321 BLUE RIDGE RD #C		4.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: David B Faggart David B. Faggart, V-Pres. 2/5/96 (919) 462-0861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #