FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 04, 1999 8:00 am
Secretary of State
05-04-1999 90067 015 ***150.00

P32887 (2)

MJM INVESTIGATIONS, INC.

Principal Place of Business
8000 AERIAL CENTER
SUITE 300
MORRISVILLE NC 27560
US

Mailing Address
8000 AERIAL CENTER
SUITE 300
MORRISVILLE NC 27560
US

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | Country (25) | Zip (29) | Country (30)

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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ 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

(01) Name
(02) Street Address (P.O. Box Number is Not Acceptable)
(03)
(04) City FL (05) 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 (Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MALONE, MICHAEL JOHN 6200 BAYSWATER TRAIL RALEIGH NC	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FAGGART, DAVID BRENT 5820 WATERFORD VALLEY CRESCENT 621 RALEIGH NC	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MALONE, CHRISTOPHER 8000 AERIAL CENTER SUITE 300 MORRISVILLE NC	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
		☐ DELETE	☐ Change ☐ Addition
		☐ DELETE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	☐ Change ☐ Addition

14.

SIGNATURE: Michael P. Malone MICHAEL J. MALONE Pres. 4-19-99 (919)462-0861

0529990