2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91005 030 ***150.00

DOCUMENT # P32887

1. Entity Name
MJM Investigations INC.

Principal Place of Business
8001 Aerial Center # 300
Morrisville, NC 27560

Mailing Address (Same)

553571

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8001 Aerial Center	
Suite, Apt. #, etc. #300	Suite, Apt. #, etc.
City & State Morrisville, NC	City & State
Zip 27560 Country USA	Zip Country

4. FEI Number 56-1664861 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
The Prentice-Hall Corporation System, Fla.	Name
1201 Hays St.	Street Address (P.O. Box Number is Not Acceptable)
Suite 105	
Tallahassee, FL 32301	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.

SIGNATURE Brent Faggart (No change)
Signature, type or printed name of registered agent and title if applicable. (NOTE: A signature Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Michael J. Malone 8001 Aerial Center #300 Morrisville, NC 27560 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. Jeff Davis 8001 Aerial Center #300 Morrisville, NC 27560 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer Brent Faggart 8001 Aerial Center #300 Morrisville, NC 27560 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 4/28/01 800 927 0456
Signature and Typed or Printed Name of Individual Authorized by Section 607.0120 Date Daytime Phone Number