FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P93000070779 (2)

1. Corporation Name NDC HOLDINGS COMPANY

Principa' Piace	of Business	Mailing Address				1 44tH 64HH 1881)	99111 18411 188 18	1911 1881
4800 MARRIOTT DRIVE SUITE 200 RELEIGH NC 27612		SUITE 200	4600 MARRIOTT DRIVE SUITE 200 RELEIGH NC 27612					
					3. Date Incorporated or Qualified 10/12/1993	3a. Date of 02/	Last Report 22/1995	
Principal Place of Business 1		2a. Maling Address 26	יו "		4. FEI Number 56-1844790	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
Ζρ [24]	Country 25	7g:	Country 30		8. This corporation has liability for intangible tax under si 199.032, Florida Statutes Yes No			132,
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New R	egistered Ag	ent	
THE PR	ENTICE-HALL CORPORATION S	YSTEM, INC.	82					
1201 HAYS STREET				Street Addr	ress (P.O. Box Number is Not Acceptab	e)		
SUITE 1			83	·				
TALLAH	ASSEE FL 32301		84	City	····		85 Zip Code	<u> </u>
11 Dura not t	the action of C-15 007 0000	1007 - 500 5		,			· · ·	
or registere familiar wit	or the provisions of Seculons 607,0502 and agent, or both, in the State of Floric h, and accept the obligations of, Secti	and 607, 2005, Florida Statut la. Such change was authoriz on 607,0505, Horida Statutes	es, the above red by the corp s.	named corpor oration's boar	ration submits this statement for the pur rd of directors. Thereby accept the appo	pose of chang pintment as rec	ing its register Jistered agent	ed office I am
S GNATURE	Sport as its real or pental many or represent a part	so terminana ara	THE Bilgistered Ager	52				
12.	OFFICERS AND		13.	it says as a service to	ADDITIONS/CHANGES TO OFF	CERS AND DI	RECTORS IN	12 G
TITLE	DP	☐ DELETE	1 1 TITLE	··				CB2E034 (12/95)
NAME	LEONARD, RICHARD A							8
STREET ADDRESS 4600 MARRIOTT DRIVE, SUITE RALEIGH NC		200 :3SIR		ADDRESS				Ü
CHY-S1-7/F	EVPT		1,4 C(FY - ST - 7)F					
TITLE NAME	KENNEDY, GLENN J	D OFTER	2.17111.5				Change 🔲 A	Addition O
SIREFT ADDRESS 4600 MARRIOTT DRIVE, SUITI		TE 200	2.2 NAME 2.3 STREET ADDRESS					
CITY ST ZIP RALEIGH NC		- 4-00	24 CITY SI ZIP					
TITLE	D	□ DELF:E	3 1 TIFLE				Change A	Addition
NAME	MORTENSON, LEE N		3.2 NAME			L.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRESS	55 EAST MONROE STREET		3.3 STREET ADDRESS					
CHY+S1 ZIP	CHICAGO IL		3.4 CHY+S	I ZIP				
TitleF	\$	DELETE	4 1 TOT_E				Change /	Addition
NAM:	PAYNE, CLAIR K.	20	4.2 NAME					
STREET ADDRESS	4600 MARRIOTT DR., STE 20 RALEIGH NC	JU	4.3 STH£E F	ADDRESS				
CHY-ST-ZIP	NALEIGH NU		4.4 CI*Y+S	- ZIP				
THELE		☐ DELFTE	5 3 DITUE				Change 🔲 A	Addition
NAME OFFICE APPROPRIES			5.2 NAME					
STREET ADDRESS			5.3 STREET					
CITY-ST-ZIP TITLE		DELETE	5.4 C/TY - S	T - Z-P			Obenes	6.00111111
NAME		புகள்				LJ (Change	Addition
STREET ADDRESS			6.2 NAME	MAGGGGG				
CHT+ST-ZIP			6.3 STREET					
	certify that the information supplied v	vith this filing is voluntarily furn	64 GTY-S ished and does	r-zi⊭ s not qualify fe	or the exemption stated in Section 119,	17(3)(k) Floods	Statutes I fo	uthor

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 true 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 changed, or on an attachment with an address.

GNATURE:

January 17, 1996 (919) 781–5611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: