2006 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P93000086488

1. Entity Name KHP, INC.

Principal Place of Business

3001 WESTON PARKWAY

CARY, NC 27513



Mailing Address

PO BOX 33068

RALEIGH, NC 27636 US

FILED Apr 21, 2006 08:00 AM Secretary of State



04102008

No Chg-P

CR2E034 (11/05)

4. FEI Number ; 59-1853333

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARHAM, BARTON J 4431 EMBARCADERO DR PALM BCH, FL 33407

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the obligations of registered agent.		}		
SIGNATURE				. j
Signature: typed or protein name of registered agant and title til applicable (NOTE. Registered Agent signature required when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	Election Campaig Trust Fund Control	~	\$5.00 May Be Added to Fees	U00000524784 05/04/06-80005-004 158.75
10. OFFICERS AND DIREC	TORS			

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 Fiorida. I am familiar with, and accept

After M	ay 1, 2006 Fee will be \$550.00	Trust Fund Contribution,
10.	OFFICERS AND DIRECT	ORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WRIGHT, ROBERT G 3001 WESTON PKWY CARY, NC 27513	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO WILSON, MARK S 3001 WESTON PARKWAY CARY, NC 27513	<u>-</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ELLIS, NICHOLAS L 3001 WESTON PARKWAY CARY, NC 27513	
HAME NAME STREET ADDRESS CITY-ST-ZIP	VPS COOK, RICHARD N 3001 WESTON PKWY CARY, NC 27513	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRD, MICHAEL N 3001 WESTON PARKWAY CARY, NC 27513	
NAME STREET ADDRESS CITY-ST-ZIP	D BAGBY, T. JACK III 501 INDEPENDENCE PKWY, STE 300 CHESAPEAKE, VA 23320 certify that the information supplied with this file.	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 path; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME O

Richard N. Cook

1-10-06

919-677-200

Dare

Daytime Phone if