2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name	ENT# P96000 TERNATIONAL MANAGEN	:	3		Apr 23, 2 Secretai 04-23-2001 90	ry of S	tate
Principal Place of Business 116 GOVERNORS ROAD PONTE VERDE BEACH FL 32082 US		Mailing Address 537 EAST PARK AVENUE TALLAHASSEE FL 32301					
2. Principal Place of Business 5317 Deer Forest Trail		3. Mailing Address 5317 Deer Forest Trail					
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State Raleigh, NC		City & State Raleigh, NC		4. F	4. FEI Number 56-1959185 Applied For Not Applicable		
Zip	Country	Zip	Country	5. (5. Certificate of Status Desired		
27614	6. Name and Address of Currer	27614	<u>Wake</u>		lame and Address of New Regis		
CARL A 537 EA	WOOD, ROBERT L L BETOCH, P.A. ST PARK AVENUE IASSEE FL 32301		Street Address (ox Number is Not Acceptable)	FL Zip C	ode
8. The above na	med entity submits this statement	for the purpose of changing its i	registered office o	registered ag	ent, or both, in the State of Florida		
SIGNATURE	nature, typed or printed name of registered age	nt and title if applicable. (NOTE:	: Registered Agent signat	ure required when re	instating)	DATE	
Tax filing requirement and elects to do so. After MA			W!!! FEE IS \$150.00 2001 Fee will be \$550.00 able to Department of Stat		10. Election Campaign Financi Trust Fund Contribution.	Add	.00 May Be led to Fees
11.	1. OFFICERS AND DIRECTORS			AD	DITIONS/CHANGES TO OFFICER		
NAME NAME STREET ADDRESS 5	MILLER, PAUL 537 EAST PARK AVENUE		TITLE NAME STREET AODRESS CITY-ST-ZIP		7 Deer Forest Trail eigh, NC 27614		
TITLE F NAME STREET ADDRESS	PD Delete MILLER, DEBORAH N 116 GOVERNORS RD		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5317 De			e
	OHIL VERDE DEVOLUTE						

Change Addition TITLE Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

CR2E034 (10/00)