

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #P96000069022

1. Entity Name

Claybrooke & Associates, Inc.



**FILED  
Jul 25, 2003 8:00 am  
Secretary of State**

07-25-2003 90096 048 \*\*\*550.00

**DO NOT WRITE IN THIS SPACE**

10110497

2. Principal Place of Business Two Hanover Square		3. Mailing Address Two Hanover Square	
Suite, Apt. #, etc. 7th Floor		Suite, Apt. #, etc. 7th Floor	
City & State Raleigh, NC		City & State Raleigh, NC	
Zip 27601	Country USA	Zip 27601	Country USA
<p><b>DO NOT WRITE IN THIS SPACE</b></p>			
<p>4. FEI Number <b>59-3409252</b></p>			
<p>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required</p>			
<p>6. Name and Address of Current Registered Agent</p>			
<p>Name <b>Corporation Service Company</b></p>			
<p>Street Address (P.O. Box Number is Not Acceptable)</p>			
<p>1201 Hays Street</p>			
<p>City <b>Tallahassee</b> FL Zip Code <b>32301</b></p>			

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1st Fee is \$150.00  
After May 1st Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Stephen A. Sasser, Two Hanover Square, 7th Floor, Raleigh, NC 27601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Kay Burgess, Two Hanover Square, 7th Floor, Raleigh, NC 27601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<p><b>DO NOT WRITE IN THIS SPACE</b></p>	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-03

919.645  
2800

Daytime Phone #

KAY BURGESS

CR2E034B (12/02)