


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

07-25-2003 90096 048 ***550.00

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

DOCUMENT # P96000069022	
1. Entity Name Claybrooke & Associates, Inc.	

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3409252		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Corporation Service Company	
	Street Address (P.O. Box Number is Not Acceptable)	
	1201 Hays Street	
	City Tallahassee	FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	
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	
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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:  **7-11-03** **919.645**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KAY BURGESS

CR2E034B (12/02)