

DOCUMENT # P97000078581

1. Entity Name

IMAGINIS CORPORATION

Principal Place of Business

2525 MERIDIAN PARKWAY  
SUITE 300B  
DURHAM NC 27713

Mailing Address

2525 MERIDIAN PARKWAY  
SUITE 300B  
DURHAM NC 27713

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0780386

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOBREE, HAROLD S  
11500 SW 60TH AVE  
MIAMI FL 33156

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME LOBREE, SHAWL B  
STREET ADDRESS 8 PORTERS GLEN PLACE  
CITY-ST-ZIP DURHAM NC 27713 ☐ Delete

TITLE VTDS  
NAME KHOURY, JOHN  
STREET ADDRESS 8 PORTERS GLEN PLACE  
CITY-ST-ZIP DURHAM NC 27713 ☐ Delete

TITLE D  
NAME NASH, PATRICK F  
STREET ADDRESS 222 W STEWART PARKWAY, STE 206  
CITY-ST-ZIP WASHINGTON NC 27789 ☐ Delete

TITLE VD  
NAME LOBREE, HAROLD S  
STREET ADDRESS 11500 SW 60TH AVE  
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE D  
NAME MOLLOY, JOHN H  
STREET ADDRESS 51 PIES 7 (51 PRES 7)  
CITY-ST-ZIP CHARLESTOWN MA 02129 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

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

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

TITLE  
NAME  
STREET ADDRESS 51 Pier 7  
CITY-ST-ZIP ☒ Change ☐ Addition

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90107 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)