

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000025019

1. Entity Name
VIRCAL LUBES, INC.



Principal Place of Business
790 PERSHING ROAD
RALEIGH, NC 27608

Mailing Address
790 PERSHING ROAD
RALEIGH, NC 27608



03052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2132846

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000918008
05/13/08-80065-021 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CONWAY, STEPHEN P
STREET ADDRESS 790 PERSHING RD
CITY-ST-ZIP RALEIGH, NC 27608

TITLE VD
NAME CONWAY, JEFFREY
STREET ADDRESS 790 PERSHING WAY
CITY-ST-ZIP RALEIGH, NC 27608

TITLE V
NAME CARR, KENDALL A
STREET ADDRESS 790 PERSHING ROAD
CITY-ST-ZIP RALEIGH, NC 27608

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kendall A. Carr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENDALL A. CARR

Date

4/16/08

Daytime Phone #

919-828-9511