

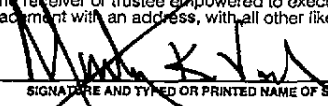


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S71556</b> 1. Entity Name <b>JOHN S. CLARK COMPANY, INC.</b>		
Principal Place of Business <b>210 AIRPORT RD MOUNT AIRY, NC 27030</b>	Mailing Address <b>P.O. BOX 1468 MOUNT AIRY, NC 27030</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		  01062004    No Chg-P    CR2E034 (10/03)
		4. FEI Number <b>56-1751248</b> <div style="float: right; border: 1px solid black; padding: 2px;">Applied For Not Applicable</div>
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301</b>		
		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE	VP	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	COOK, LEE F	
STREET ADDRESS	516 W. FRIENDLY AVENUE	
CITY-ST-ZIP	GREENSBORO, NC 27420	
TITLE	VP	
NAME	MURRAY, DAVID W	
STREET ADDRESS	210 AIRPORT ROAD	<b>DO NOT WRITE IN THIS SPACE</b>
CITY-ST-ZIP	MOUNT AIRY, NC 27030	
TITLE	CEO	
NAME	VAUGHN, C. RICHARD	
STREET ADDRESS	210 AIRPORT ROAD	
CITY-ST-ZIP	MOUNT AIRY, NC 27030	
TITLE	VP	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	WATTS, THURMAN	
STREET ADDRESS	295-A NORTH GREEN MEADOWS DR	
CITY-ST-ZIP	WILMINGTON, NC 28405	
TITLE	CFO	
NAME	VENABLE, MONTY K	
STREET ADDRESS	210 AIRPORT ROAD	<b>DO NOT WRITE IN THIS SPACE</b>
CITY-ST-ZIP	MOUNT AIRY, NC 27030	
TITLE	PRES	
NAME	WALKER, JAMES M	
STREET ADDRESS	210 AIRPORT ROAD	
CITY-ST-ZIP	MOUNT AIRY, NC 27030	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Monty K. Venable    1-6-04    336-789-1000 <small>Senior VP/CFO    Date    Daytime Phone #</small>