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Feb 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V11836** (6)  
1. Corporation Name  
**NORMCO, INC.**



Principal Place of Business <b>4800 MARRIOTT DR SUITE 200 RALEIGH NC 27612</b>	Mailing Address <b>4800 MARRIOTT DR SUITE 200 RALEIGH NC 27612</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		3. Date Incorporated or Qualified <b>02/04/1992</b>	4. FEI Number <b>56-1785744</b> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Director, EVP &amp; Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEONARD, RICHARD A.</b>	1.2 NAME	
STREET ADDRESS	<b>4800 MARRIOTT DR STE 200</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RALEIGH NC</b>	1.4 CITY-ST-ZIP	
TITLE	<b>EVPT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Director, EVP &amp; Treas.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENNEDY, GLENN J.</b>	2.2 NAME	
STREET ADDRESS	<b>4800 MARRIOTT DR STE 200</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RALEIGH NC</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORTENSON, LEE N.</b>	3.2 NAME	
STREET ADDRESS	<b>55 E MONROE ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>Assistant Sec.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAYNE, CLAIR K.</b>	4.2 NAME	
STREET ADDRESS	<b>4800 MARRIOTT DRIVE, SUITE 200</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RALEIGH NC</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>Director &amp; President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ENGLE, CLYDE W</b>	5.2 NAME	
STREET ADDRESS	<b>830 N. GREENBAY RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE FOREST IL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>Controller</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Dean F. Shaver</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>4600 Marriott Dr., Suite 200</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Raleigh, NC 27612</b>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ **Richard A. Leonard** 1/8/98 (919)781-5011

CR2E034 (10/97)