

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852035

FILED
Apr 13, 2005
Secretary of State

Entity Name: ODELL ASSOCIATES INC.

Current Principal Place of Business:

525 N. TRYON STREET
CHARLOTTE, NC 28202

New Principal Place of Business:

Current Mailing Address:

525 N. TRYON STREET
CHARLOTTE, NC 28202

New Mailing Address:

FEI Number: 56-0952726 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: GRIFFIN, ROBERT G
Address: 2141 SEDLEY ROAD
City-St-Zip: CHARLESTON, NC 28211

Title: VPSD () Delete
Name: MCLELLAN, WILLIAM C
Address: 2542 FOREST DRIVE
City-St-Zip: CHARLOTTE, NC 28211

Title: VC () Delete
Name: CARROLL, MARLEY P
Address: 501 MONCURE DRIVE
City-St-Zip: CHARLOTTE, NC 28209

Title: CFO () Delete
Name: GRAY, MAX
Address: 5201 SUNNINGDALE DRIVE
City-St-Zip: CHARLOTTE, NC 28277

Title: PD () Delete
Name: SNYDER, JAMES
Address: 9202 UNIVERSITY BLVD.
City-St-Zip: RICHMOND, VA 23229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change () Addition
Name: GRIFFIN, ROBERT G
Address: 2141 SEDLEY ROAD
City-St-Zip: CHARLOTTE, NC 28211

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFOD (X) Change () Addition
Name: GRAY, MAX
Address: 5201 SUNNINGDALE DRIVE
City-St-Zip: CHARLOTTE, NC 28277

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAX E. GRAY

Electronic Signature of Signing Officer or Director

CFOD

04/13/2005

_____ Date