


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000001350


1. Entity Name
BASS, NIXON & KENNEDY, INC.



Principal Place of Business Mailing Address

6310 CHAPEL HILL RD., SUITE 250 **6310 CHAPEL HILL RD., SUITE 250**
RALEIGH, NC 27607 **RALEIGH, NC 27607**

DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 56-0991996	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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)

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

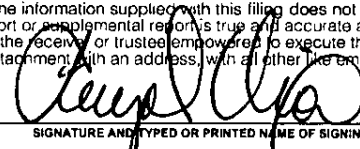
U00000730960
 01/23/08-80056-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	NIXON, LARRY D PE
STREET ADDRESS	6310 CHAPEL HILL RD., SUITE 250
CITY-ST-ZIP	RALEIGH, NC 27607
TITLE	P
NAME	DAVENPORT, ED
STREET ADDRESS	6310 CHAPEL HILL RD., SUITE 250
CITY-ST-ZIP	RALEIGH, NC 27607
TITLE	V
NAME	WILSON, SCOTT
STREET ADDRESS	6310 CHAPEL HILL RD., SUITE 250
CITY-ST-ZIP	RALEIGH, NC 27607
TITLE	V
NAME	BELL, K. ROBERT
STREET ADDRESS	6310 CHAPEL HILL RD., SUITE 250
CITY-ST-ZIP	RALEIGH, NC 27607
TITLE	V
NAME	SECHLER, JOSEPH
STREET ADDRESS	6310 CHAPEL HILL RD., SUITE 250
CITY-ST-ZIP	RALEIGH, NC 27607
TITLE	V
NAME	JOHNSON, JEFF
STREET ADDRESS	6310 CHAPEL HILL RD., SUITE 250
CITY-ST-ZIP	RALEIGH, NC 27607

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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 reports 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:  Date: **1-18-08** Daytime Phone #: **9198514022**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #