

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90223 042 \*\*\*150.00

DOCUMENT # **F98000004425**

1. Entity Name  
**PRODELIN CORPORATION**



**70009933**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1500 PRODELIN DRIVE**

3. Mailing Address  
**1500 PRODELIN DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**NEWTON, NC**

City & State  
**NEWTON, NC**

4. FEI Number  
**56-1550098**

Applied For  
Not Applicable

Zip  
**28658**

Country  
**USA**

Zip  
**28658**

Country  
**USA**

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**CT CORPORATION SYSTEM**

Street Address (P.O. Box Number is Not Acceptable)

**1200 SOUTH PINE ISLAND ROAD**

City  
**PLANTATION**

**FL**

Zip Code  
**33324**

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 reappointing)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VP FINANCE; SECTRY; TREAS	PAUL LOCKE	1500 PRODELIN DRIVE	NEWTON, NC 28658
VICE PRESIDENT	RONALD K. BOYD	1500 PRODELIN DRIVE	NEWTON, NC 28658

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 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 on an attachment with an address, with all other information.

SIGNATURE: **Paul Locke**  
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

**1/15/03** **828 466 9134**  
DATE COMPANY PHONE #

CR2E034B (12/02)