

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000001634

FILED  
Feb 11, 2002 8:00 AM  
Secretary of State

Entity Name: CARONET, INC.

**Current Principal Place of Business:**

P.O. BOX 13961  
RESEARCH TRIANGLE PARK, NC 277093961

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1551, PMB 1785  
RALEIGH, NC 27602

**New Mailing Address:**

FEI Number: 56-2063691      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PENINSULA REGISTERED AGENTS, INC.  
215 S. MONROE ST., STE. 601  
TALLAHASSEE, FL 32301 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CAVANAUGH, WILLIAM III  
Address: PO BOX 155, 411 FAYETTEVILLE ST MALL  
City-St-Zip: RALEIGH, NC 27601

Title: D ( ) Delete  
Name: ORSER, WILLIAM S  
Address: 411 FAYETTEVILLE ST MALL P.O. BOX 1551  
City-St-Zip: RALEIGH, NC 27602

Title: D ( ) Delete  
Name: MCGEHEE, ROBERT B  
Address: 411 FAYETTEVILLE ST. MALL  
City-St-Zip: RALEIGH, NC 27601

Title: D ( ) Delete  
Name: MCGEHEE, ROBERT B  
Address: PO BOX 1551, 411 FAYETTEVILLE ST MALL  
City-St-Zip: RALEIGH, NC 27601

Title: D ( ) Delete  
Name: SCOTT, PETER M III  
Address: PO BOX 1551, 411 FAYETTEVILLE ST MALL  
City-St-Zip: RALEIGH, NC 27601

Title: CS ( ) Delete  
Name: JOHNSON, WILLIAM D  
Address: PO BOX 1551, 411 FAYETTEVILLE ST MALL  
City-St-Zip: RALEIGH, NC 27601

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: WILLIAM D. JOHNSON

CS

02/11/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date