FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 27 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08365 (9)

1. Corporation Name
ILLUMELEX CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
2925 HUNTLEIGH DR SUITE 104 RALEIGH NC 27604	PO BOX 10461 RALEIGH NC 27605

3. Date Incorporated or Qualified: 12/10/1985
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 56-1490835 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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: CT CORPORATION (REVENUE APPLICATION) 1/26/95
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	CEO	1.1 TITLE	☐ Change ☐ Addition
NAME	CHAPPELL, R. HAROLD	1.2 NAME	
STREET ADDRESS	4204 BERRY D SIMS WYND	1.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27604	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☑ Change ☐ Addition
NAME	CHAMBLEE, NEIL P.	2.2 NAME	
STREET ADDRESS	309 FOXHALL ST	2.3 STREET ADDRESS	POSITION VACATED
CITY-ST-ZIP	RALEIGH NC 27609	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	HARRISON, NATHANIEL E.	3.2 NAME	
STREET ADDRESS	1207 NEW HOPE ROAD, EXT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27604	3.4 CITY-ST-ZIP	
TITLE	CFO	4.1 TITLE	☐ Change ☐ Addition
NAME	COUPLAND, RANDY	4.2 NAME	
STREET ADDRESS	1315 WILLIAMSON DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27608	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DOGGETT, RON E	5.2 NAME	
STREET ADDRESS	6131 FALLS OF NEUSE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27609	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	EARTHMAN, BILL	6.2 NAME	
STREET ADDRESS	310 25TH AVE N #103	6.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37203	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] 1/26/95 919-876-2345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478002 FP