

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90267 003 ***150.00

069277N AT

DOCUMENT # P16612

1. Entity Name
QUALEX INC.



Principal Place of Business
**3404 N. DUKE ST.
DURHAM NC 27704
US**

Mailing Address
**3404 N. DUKE ST.
DURHAM NC 27704
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **16-1306019** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
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, 2003 Fee will be \$550.00
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	D <input type="checkbox"/> Delete
NAME	FREUND, MATTHIAS
STREET ADDRESS	3404 N DUKE ST
CITY-ST-ZIP	DURHAM NC 27704
TITLE	VT <input type="checkbox"/> Delete
NAME	HUDSON, DAVID
STREET ADDRESS	3404 N DUKE ST
CITY-ST-ZIP	DURHAM NC 27704
TITLE	V <input type="checkbox"/> Delete
NAME	CONDELLO, DANA
STREET ADDRESS	18250 SOUTH EUCLID AVE
CITY-ST-ZIP	FOUNTAIN VALLEY CA 92708
TITLE	P <input type="checkbox"/> Delete
NAME	LELLY, CHARLES D., JR.
STREET ADDRESS	3404 N DUKE ST
CITY-ST-ZIP	DURHAM NC 27704
TITLE	ASAT <input type="checkbox"/> Delete
NAME	POSNER, KAREN
STREET ADDRESS	3404 N DUKE ST
CITY-ST-ZIP	DURHAM NC 27704
TITLE	AT <input type="checkbox"/> Delete
NAME	LOVE, WILLIAM
STREET ADDRESS	343 STATE STREET
CITY-ST-ZIP	ROCHESTER NY 14650

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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, 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: *[Signature]* **SIGNATURE REQUIRED** **Manager, Sales, Use and Property Taxes** 4/16/03 919-383-8535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)