

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P27234

Entity Name: BUTH NA-BODHAIGE, INC.

FILED
Feb 17, 2009
Secretary of State

Current Principal Place of Business:

5036 ONE WORLD WAY
WAKE FOREST, NC 27588

New Principal Place of Business:

Current Mailing Address:

5036 ONE WORLD WAY
WAKE FOREST, NC 27588

New Mailing Address:

FEI Number: 22-2883487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELUKE, JACKIE
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SAUNDER, PETER
Address: WATERSMEED LITTLE HAMPTON
City-St-Zip: WEST SUSSEX, UK 8N1-7LS

Title: VP () Delete
Name: MATTOON, KIMBERLY
Address: 5036 ONE WORLD WAY
City-St-Zip: WAKE FOREST, NC 27587

Title: P () Delete
Name: RIDER, PETER
Address: 5036 ONE WORLD WAY
City-St-Zip: WAKE FOREST, NC 27596

Title: D () Delete
Name: BELLAMY, ADRIEN
Address: WATERSMEAD LITTLEHAMPTON
City-St-Zip: WEST SUSSEX, UK 8N176LS

Title: D () Delete
Name: ALVEY, ANDREA
Address: WATERSMEAD LITTLEHAMPTON
City-St-Zip: WEST SUSSEX, UK 8N176LS

Title: AS () Delete
Name: BORUM, ANTHEA
Address: 5036 ONE WORLD WAY
City-St-Zip: WAKE FOREST, NC 27587

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change () Addition
Name: KOWALCZYK, PHIL
Address: 5036 ONE WORLD WAY
City-St-Zip: WAKE FOREST, NC 27596

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 exemption stated in Chapter 119, 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: KIMBERLY MATTOON

VP

02/17/2009

Electronic Signature of Signing Officer or Director

Date