

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P27234 (4)

1. Corporation Name
BUTH NA-BODHAIGE, INC.

Principal Place of Business
5036 ONE WORLD WAY
WAKE FOREST NC 27588

Mailing Address
5036 ONE WORLD WAY
WAKE FOREST NC 27588



3. Date Incorporated or Qualified
12/06/1989
3a. Date of Last Report
04/09/1996
4. FEI Number
22-2883487
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

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

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM INC
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VS	<input type="checkbox"/> DELETE
NAME	EDWARD, DAVID	
STREET ADDRESS	5036 ONE WORLD WAY	
CITY-ST-ZIP	WAKE FOREST NC	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LACY, THOMAS	
STREET ADDRESS	5036 ONE WORLD WAY	
CITY-ST-ZIP	WAKE FOREST NC	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	MURPHY-JOHNSON, RITA	
STREET ADDRESS	5036 ONE WORLD WAY	
CITY-ST-ZIP	WAKE FOREST NC	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CRAWLEY, PAUL	
STREET ADDRESS	5036 ONE WORLD WAY	
CITY-ST-ZIP	WAKE FOREST NC 27587	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSE, STUART	
STREET ADDRESS	WATERSMEAD LITTLEHAMPTON	
CITY-ST-ZIP	WEST SUSSEX, BN17 6LS, UK	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RODDICK, GORDON	
STREET ADDRESS	WATERSMEAD LITTLEHAMPTON	
CITY-ST-ZIP	WEST SUSSEX, BN17 6LS, UK	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/97

(419) 554-4900

CR2E034 (9/96)