SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

BUTH NA-BODHAIGE, INC.

Mailing Address

FILED Jul 30, 1999 8:00 am Secretary of State

07-30-1999 90002 020 ***550.00

598809 - 90002 - 20 9 *

5036 ONE WORLD WAY WAKE FOREST NC 27588		5036 ONE WORLD WAY WAKE FOREST NC 27588			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/06/1989	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
21		26	¬		22-2883487 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		S8.75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & State		City & State	ity & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current year	
24	25	29	30		Intangible Personal Property. Yes No	
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
				81 Name		
THE PRENTICE HALL CORPORATION SYSTEM INC			}	82 Street	Address (P.O. Box Number is Not Acceptable)	
1201 HAYS STREET, SUITE 105			l	0	Todaloso (F. G. Box Maribo To Trota Todaloso)	
TALLAHASSEE FL 32301			[83		
			}	84 City	85 Zip Code	
				84 City	FL s z cous	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					re required when reinstating) DATE	
12. OFFICERS AND DIRECTORS			13.	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VS DELETE 1.1		1.1 TIT	LE	THE SAFETH FOLL I AUGUOTI I	
NAME	EDWARD, DAVID		1.2 NA	ME ,	PETER SAUNDERS	
STREET ADORESS	5036 ONE WORLD WAY		1.3 STF	REET ADDRESS	Petel Saunders Some one world wat	
CITY-ST-ZIP	WAKE FOREST NC		1.4 CIT	Y-ST-ZIP	wake folest NC 27587	
TITLE			2.1 113	LE	A\$ Change Addition	
NAME			2.2 NA	ME	PHYLL ARRIVETON + ANTHER BORUM	
STREET ADORESS	5036 ONE WORLD WAY	•	2.3 STF	REET ADDRESS	5036 ONE WORLD WAY	
· CITY-ST-ZIP	WAKE FOREST NC		2.4 CIT	Y-ST-ZIP	WAKE FOREST NC STEET	
TITLE	T	DELETE	3.1 TIT	LE	Change Addition	
NAME	FLORIO, MIKE	<u> </u>	3.2 NA	ME	bran winker	
STREET ADDRESS	5036 ONE WORLD WAY		3.3 STF	REET ADDRESS	EOZU OUE WORLD WAT	
CITY-ST-ZIP	WAKE FOREST NC 27587		3.4 CIT	Y-ST-ZIP	HAKE FOREST, NE 27587	
TITLE	D	DELETE	4.1 TIT	LE	Change Addition	
NAME	ROSE, STUART		4.2 NA	ME		
STREET ADDRESS	WATERSMEAD LITTLEHAMP	TON	4.3 STF	REET ADDRESS		
CITY-ST-ZIP	WEST SUSSEX, BN17 6LS,		4.4 CIT	Y-ST-ZIP		
TITLE			5.1 TIT	LE	Change Addition	
NAME	RODDICK, GORDON	_	5.2 NA	ME		
STREET ADDRESS			5.3 STF	REET ADDRESS		
CITY-ST-ZIP	WEST SUSSEX, BN17 6LS,		5.4 CIT	Y-ST-ZIP		
TITLE		DELETÉ	6.1 TIT	LE	Change Addition	
NAME	r		6.2 NA	ME		
STREET ADDRESS			6.3 STF	REET ADDRESS		
CITY-ST-ZIP	•			Y-ST-ZIP		

14. 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 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:

(914)554-4900