

FILED
Apr 20, 2004 8:00 am
Secretary of State

400X100

[illegible]

04142004 Chg-P CR2E034 (10/03)

4. FEI Number	Applied For
56-1664861	Not Applicable

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

6. Name and Address of Current Registered Agent:

7. Name and Address of New Registered Agent

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

~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

Signature, typed or printed: _____

(40) Reinstall Agent (Agent signature required when reinstalling)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10.	OFFICERS AND DIRECTORS
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MALONE, MICHAEL JOHN	
STREET ADDRESS	910 PAVERSTONE DR	
CITY-ST-ZIP	RALEIGH, NC 27615	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	ST	<input type="checkbox"/> Delete
NAME	FAGGART, DAVID ROBERT	
STREET ADDRESS	910 PAVERSTONE DR	
CITY-ST-ZIP	RALEIGH, NC 27615	

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	DAVIS, JEFF	
STREET ADDRESS	910 PAVERSTONE DR	
CITY-ST-ZIP	RALEIGH, NC 27615	

TABLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST - ADDRESS		
ST - ZIP		

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

	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
NET ADDRESS		
ST- ZIP		

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

ST- ZIP ☐ Change ☐ Addition

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10001	

☐ Change ☐ Addition
 * F ADDRESS _____
 ST - ZIP _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report. The information reported is true and accurate and that no part of the information has been withheld to deceive, defraud, or otherwise mislead the SEC, the Commission, or any other person. I understand that the information supplied with this filing will be made available to the public and that I will be liable for any damages caused by the information.

caption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
re shall have the same legal effect as if made under oath; that I am an officer or director
ed by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE _____

09

Date _____

Daytime Phone # _____