

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90053 001 *****8.75
 03-30-2004 90053 002 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P34515							
1. Entity Name O'BRIEN/ATKINS ASSOCIATES, P.A.							
Principal Place of Business P.O. BOX 12037 RESEARCH TRIANGLE PARK NC 27709			Mailing Address P.O. BOX 12037 RESEARCH TRIANGLE PARK NC 27709				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number 56-1215013				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	O'BRIEN, WILLIAM L.		NAME				
STREET ADDRESS	5001 S. MIAMI BLVD.		STREET ADDRESS				
CITY-ST-ZIP	DURHAM NC 27703		CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ATKINS, JOHN L.		NAME				
STREET ADDRESS	5001 S. MIAMI BLVD.		STREET ADDRESS				
CITY-ST-ZIP	DURHAM NC,27703		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ATKINSON, C. BELTON		NAME				
STREET ADDRESS	5001 S. MIAMI BLVD.		STREET ADDRESS				
CITY-ST-ZIP	DURHAM NC,27703		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LACY, DUDLEY B		NAME				
STREET ADDRESS	5001 S. MIAMI BLVD		STREET ADDRESS				
CITY-ST-ZIP	DURHAM NC.27703		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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 or 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: <i>John L. Atkins III</i> (JOHN L. ATKINS III)			Date: 1-23-04 Daytime Phone #: 919-941-9000				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #				