

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P34515

FILED
Jan 28, 2005
Secretary of State

Entity Name: O'BRIEN/ATKINS ASSOCIATES, P.A.

Current Principal Place of Business:

P.O. BOX 12037
RESEARCH TRIANGLE PARK, NC 27709

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12037
RESEARCH TRIANGLE PARK, NC 27709

New Mailing Address:

FEI Number: 56-1215013 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 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: VD () Delete
Name: O'BRIEN, WILLIAM L.,
Address: 5001 S. MIAMI BLVD.
City-St-Zip: DURHAM, NC 27703

Title: PD () Delete
Name: ATKINS, JOHN L.,
Address: 5001 S. MIAMI BLVD.
City-St-Zip: DURHAM, NC 27703

Title: SD () Delete
Name: ATKINSON, C. BELTON,
Address: 5001 S. MIAMI BLVD.
City-St-Zip: DURHAM, NC 27703

Title: VD () Delete
Name: LACY, DUDLEY B
Address: 5001 S. MIAMI BLVD
City-St-Zip: DURHAM, NC 27703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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: JOHN L. ATKINS

PD

01/28/2005

Electronic Signature of Signing Officer or Director

_____ Date