

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2001 8:00 am
Secretary of State

06-06-2001 90003 049 ***550.00

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
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00057252



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 56-1215013	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NO Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW !! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	O'BRIEN, WILLIAM L.	
STREET ADDRESS	5001 S. MIAMI BLVD.	
CITY-ST-ZIP	DURHAM NC 27703	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ATKINS, JOHN L.	
STREET ADDRESS	5001 S. MIAMI BLVD.	
CITY-ST-ZIP	DURHAM NC 27703	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ATKINSON, C. BELTON	
STREET ADDRESS	5001 S. MIAMI BLVD.	
CITY-ST-ZIP	DURHAM NC 27703	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASON, JAMES W.	
STREET ADDRESS	5001 S. MIAMI BLVD.	
CITY-ST-ZIP	DURHAM NC 27703	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LACY, DUDLEY B	
STREET ADDRESS	5001 S. MIAMI BLVD	
CITY-ST-ZIP	DURHAM NC 27703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 any 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *John L. Atkins III* **John L. Atkins, III** 5.31.01 919.9419000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)