CD-479 (39) 9-19-03

Business Corporation North Carolina Annual Report

Use this form only if Contact the N.C. Set Annual Report form Liability Partnership SOSID: 0410412 Date Filed: 4/4/2005 11:02:00 AM Elaine F. Marshall North Carolina Secretary of State 2005 094 01053

<i>V</i>			·	
Name of Corporation: 620 MARK	ET STREET, INC	C/O CURR	IN LAW F	
State of Incorporation: NORTH CA	ROLINA		Fiscal Year Ending:	12-31-04 Month / Day / Yeer
Secretary of State Corp. ID Number: 04	10412		Federal Employer ID N	lumber: 561998111
if this is the initial annual report filing, you information has not changed since the pre				▶ □
 Registered agent & registered office str Name: THOMAS C GO Street Address: 620 MARKET City, State, Zip Code: WILINGT 	OLSBY STREET	Carolina Address)	County: NEW HAN	OVER
 Mailing address if different from street Mailing Address: 620 MARKE City, State, Zip Code: NEW HAN 	T STREET, WILMI	NGTON N	C 28401	
3. If registered agent changed, signature (of new agent:	(signature	constitutes consent to the appointr	nent)
 Enter principal office address and telep Street Address: 620 MARKET City, State, Zip Code: WILMING 	STREET		Telephone: 910-76 3	3-3339
5. Briefly describe the nature of business:				
6. Enter name, title and business address Complete Form CD-479A to list addition	·			
Name: THOMAS C GOOLSB	Ÿ		Title: PRESIDEN	1T
Address: 620 MARKET ST WILMINGTON NC				
City:		State	Zip:	L.,
Name: SAMUEL T CURRIN			Title: SECY ANI	TREAS
Address: 1700 PINEVIEW RALEIGH N C 2				
City:		State	Zip:	
Name:			Title:	
Address:				
City:		State	Zip:	
7. Certification of annual report (Must be completed by all corporations).				
S. 1.6	•		7	112/15
Signature (Form m	ust be signed by an officer of corpora	ation)	_	112/00
000511/12-02-04	Type or Print Name		— — — — — — — — — — — — — — — — — — —	Title