



# NORTH CAROLINA

## Department of The Secretary of State

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To all whom these presents shall come, Greetings:

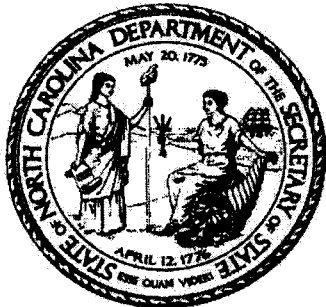
I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

### STATEMENT OF APPOINTMENT OF REGISTERED AGENT

OF

### NORTH CAROLINA CHECKER ASSOCIATION

the original of which was filed in this office on the 18th day of July, 2011.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 18th day of July, 2011

*Elaine F. Marshall*

Secretary of State

STATE OF NORTH CAROLINA  
 Department of the Secretary of State

STATEMENT OF APPOINTMENT OF AGENT FOR A NONPROFIT ASSOCIATION

Pursuant to §59B-11 of the General Statutes of North Carolina, the undersigned Nonprofit Association submits the following for the purpose of designating an agent and the agent's address in the State of North Carolina.

1. The name of the Nonprofit Association is: **North Carolina Checker Association**

2. The street address and county of the Nonprofit Association is:

Number and Street: **3007 Robin Hood Drive**

City, State, Zip Code: **Greensboro, North Carolina 27408** County: **Guilford**

3. The mailing address *if different from the street address* of the Nonprofit Association:

**% John R. Smith, 3007 Robin Hood Drive, Greensboro, North Carolina 27408**

4. The street address in North Carolina of the Nonprofit Association's Agent for service of process is: .

Number and Street: **3007 Robin Hood Drive**

City, State, Zip Code: **Greensboro, North Carolina 27408** County: **Guilford**

5. The mailing address *if different from the street address* of the Nonprofit Association's Agent for service of process is:

6. The name of the designated registered agent and the designated registered agent's written consent to the appointment appears below:

**John R. Smith**  
 (Type or Print Name of New Agent)

**John R. Smith - Secretary of NCCA**  
 (Signature & Title\*)

7. This statement will be effective upon filing, unless a date and/or time is specified: \_\_\_\_\_

8. This is the **5th** day of **July**, **2011**.

**North Carolina Checker Association**

(Name of Entity)

**John R. Smith - Secretary of NCCA**  
 (Signature)

**John R. Smith - Secretary of NCCA**

(Type or Print Name and Title)

Notes: 1. Filing fee is \$5.00. One executed statement must be filed with the Secretary of State.

(January 2007)

(Form NA-01)