

1.) CORPORATION NAME:

**PRLAP, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

DUE DATE: **9/30/2010**

SCC ID NO: **04904009**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 401 N TRYON ST  
NC1-021-02-20

CITY/ST/ZIP: CHARLOTTE, NC 28255-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: DONNA DESOUZA  
TITLE: SVP  
ADDRESS: 401 N TRYON ST  
NC1-021-02-20  
CITY/ST/ZIP/CO: CHARLOTTE, NC 28255-

OFFICER

DIRECTOR

NAME: ADRIENNE A BARR  
TITLE: TREASURER  
ADDRESS: 401 N TRYON STREET  
NC1-021-02-20  
CITY/ST/ZIP/CO: CHARLOTTE, NC 28255-

OFFICER

DIRECTOR

NAME: ROBERT H GRIFFITH  
TITLE: DIRECTOR  
ADDRESS: 401 NORTH TRYON STREET  
NC1-021-02-20  
CITY/ST/ZIP/CO: CHARLOTTE, NC 28255-

OFFICER

DIRECTOR

NAME: CHRISTINE M COSTAMAGNA  
TITLE: ASST SECRETARY  
ADDRESS: 401 N TRYON ST  
NC1-021-02-20  
CITY/ST/ZIP/CO: CHARLOTTE, NC 28255-

OFFICER

DIRECTOR

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	VACANT VACANT		
TITLE:	PRESIDENT		
ADDRESS:	401 N TRYON ST		
	NC1-021-02-20		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28255-		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ DONNA DESOUZA</u>	<u>DONNA DESOUZA, SVP</u>	<u>9/1/2010</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.