



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 103015		2. Exact name of the Corporation Datatek, Inc.			
3. Principal office address 1735 Guess Road Suite 200			City Durham	State NC	Zip 27701
4. Business Phone No. 9194169771			5. State of Incorporation NC		
6. Brief description of the character of business conducted in Rhode Island Software and associated services					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Daniel E. Horn			Vice-President Name		
Street Address 8229 Zebulon Road			Street Address		
City Youngsville	State NC	Zip 27596	City	State	Zip
Secretary Name Kendra E. Horn			Treasurer Name		
Street Address 8229 Zebulon Road			Street Address		
City Youngsville	State NC	Zip 27596	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Darl E. Horn			Director Name		
Street Address 6391 Stephens Crossing			Street Address		
City Mechanicsburg	State PA	Zip 17055	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000,000		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
 Check No _____
 By: _____

FILED

MAR 17 2014

007036

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative

03/06/2014

Date

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Authorized Representative