2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 14, 2001 8:00 am **DOCUMENT #840293** Secretary of State 1. Entity Name JAN 0 8 2001 NOTTINGHAM, BROOK & PENNINGTON, INC. 03-14-2001 90213 021 ***150.00 Principal Place of Business Mailing Address 1291 JEFFERSON TERRACE 1291 JEFFERSON TERRACE P.O. BOX 5127 P.O. BOX 5127 633030 MACON GA 31208-5127 MACON GA 31208-5127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-1301163 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE Delete TITLE NOTTINGHAM, WILFRED A. NAME NAME STREET ADDRESS 1291 JEFFERSON TERRACE STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP MACON GA 31201 TITLE TITLE ☐ Change ☐ Addition Delete BROOK, ARTHUR D. NAME NAME STREET ADDRESS 1291 JEFFERSON TERRACE STREET ADDRESS CITY-ST-ZIP MACON GA 31201 CITY-ST-ZIP CHAIR YOU TITLE Change ☐ Addition TITLE Delete NAME PENNINGTON, CHARLES E. NAME STREET ADDRESS 1291 JEFFERSON TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MACON GA 31201 TITLE ☐ Delete TITLE Change ☐ Addition NAME WYCHE, NEIL S NAME 1291 JEFFERSON TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MACON GA 31201** ☐ Delete TITLE Change ☐ Addition TITLE NAME KASULKA, JAMES A. NAME STREET ADDRESS STREET ADDRESS 1291 JEFFERSON TERR. CITY-ST-ZIP CITY-ST-ZIP MACON GA 31201 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS

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 my 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.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CHAIRLES E. PENNINGTON