

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 841767

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90060 010 \*\*\*150.00

1. Entity Name  
**THE FELDSPAR CORPORATION**

Principal Place of Business CROWN POINTE PKWY STE 270 GA 30338	Mailing Address 1040 CROWN POINTE PKWY STE 270 ATLANTA GA 30338-4777 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number <b>56-0616733</b>	Applied For <input type="checkbox"/>
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM          1200 S. PINE ISLAND ROAD          PLANTATION FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>S</b>	<input type="checkbox"/> Delete <b>MORAN, PATRICIA K</b> 161 BAYST SUITE 3750 TORONTO ONTARIO CA <b>Toronto</b>	TITLE <b>(V/A)</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>John L. Dentzer</b> 1040 Crown Pointe Pkwy, Suite 270 Atlanta, GA
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>LAWSON-JOHNSTON, PETER</b> 215 CARTER ROAD PRINCETON NJ	TITLE <b>(V)</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Scott W. George</b> 1040 Crown Pointe Pkwy, Suite 270 Atlanta, GA
TITLE <b>DV</b>	<input type="checkbox"/> Delete <b>PALMIERE, ALLEN J</b> 161 BAY ST SUITE 3750 TORONTO ON	TITLE <b>(C)</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Charles M. Hodgin (Controller)</b> 1040 Crown Pointe Pkwy, Suite 270 Atlanta, GA
TITLE <b>V</b>	<input type="checkbox"/> Delete <b>ROGERS, WILLIAM Z.</b> 1040 CROWN POINTE PKWY SUITE 270 ATLANTA GA	TITLE <b>(S)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Patricia K. Moran</b> 161 Bay Street, Suite 3750 Toronto, Ontario CA
TITLE <b>PD</b>	<input type="checkbox"/> Delete <b>GOODWIN, PETER J</b> 1040 CROWN POINTE PKWY SUITE 270 ATLANTA GA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>V</b>	<input type="checkbox"/> Delete <b>HOLLOWAY, MICHAEL G</b> 590 AVIGNON CT. DUNWOODY GA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Charles M. Hodgin, Jr. (Charles M. Hodgin, Jr.) 3/14/00 770-382-2408  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)