2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 11, 2001 8:00 am Secretary of State 01-11-2001 90058 011 ***150.00 **DOCUMENT # 847966** ST. CLAIR CORPORATION, INC. Mailing Address Principal Place of Business 279 TRACE RIDGE 279 TRACE RIDGE BIRMINGHAM AL 35244 BIRMINGHAM AL 35244 600939 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. **=** Applied For 4. FFI Number City & State 59-2011515 City & State Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required **≡** '- :' 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STONEBURNER, GRESHAM R Street Address (P.O. Box Number is Not Acceptable) 225 WATER STREET STE 2050 JACKSONVILLE FL 32202 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. (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY-1: 2001-Fee Will be \$550.00 Tax filing requirement and elects to do so... Trust Furid Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. CR2E034 (10/00) Addition ☐ Change TITLE ☐ Delete THILE NAME SUTHERLIN, STEPHEN M. NAME STREET ADDRESS STREET ADDRESS 279 TRACE RIDGE CITY-ST-ZIP BIRMINGHAM AL 35244 CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME AMARI, RICHARD S. NAME STREET ADDRESS STREET ADDRESS 96 WILLARD ST., STE #302 CITY-ST-7IP CITY-ST-ZIP COCOA FL ☐ Addition Change ☐ Detete TITLE TITLE NAME PAYNE, ROBERT W. NAME STREET ADDRESS 269 SOUTH 7TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GADSDEN FL Addition ☐ Change ☐ Defete TITLE TITLE SUTHERLIN, GEORGE A. STREET ADDRESS 289 WEST PACES FERRY RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA Change ☐ Addition ☐ Delete TITLE TITLE SUTHERLIN, KAREN B. NAME NAME STREET ADDRESS 302 W FLETCHER AVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL ☐ Change [] Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 with all other like-empowered

ME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

19