


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91293 026 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F02000004185
 1. Entity Name
 Cox Corporate Services, Inc. ✓ 

11023725

DO NOT WRITE IN THIS SPACE

| | | | |
|---|----------------|--|----------------|
| 2. Principal Place of Business 6205 Peachtree Dunwoody Rd Suite, Apt. #, etc. | | 3. Mailing Address 6205 Peachtree Dunwoody Rd Suite, Apt. #, etc. Attn: Corp Tax Dept. - 12th Flr | |
| City & State Atlanta, GA | | City & State Atlanta, GA | |
| Zip 30328 | Country USA | Zip 30328 | Country USA |

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 4. FEI Number 05-0521764 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | |
|-----------------------------------|--|-------------------|
| DO NOT WRITE IN THIS SPACE | 7. Name and Address of Current Registered Agent | |
| | Name - Corporation Service Company | |
| | Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street | |
| | City Tallahassee | FL Zip Code 32301 |

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. I am familiar with, and accept the obligations of registered agent.

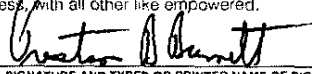
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|--|--|
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|--|

| 10. OFFICERS AND DIRECTORS | | | |
|--|--|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President - Robert O'Leary 6205 Peachtree Dunwoody Rd Atlanta, GA 30328 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice Pres. - Preston B. Barnett 6205 Peachtree Dunwoody Rd Atlanta, GA 30328 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer - Richard Jacobson 6205 Peachtree Dunwoody Rd Atlanta, GA 30328 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary - Andrew A. Merdek 6205 Peachtree Dunwoody Rd Atlanta, GA 30328 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director - Richard Jacobson 6205 Peachtree Dunwoody Rd Atlanta, GA 30328 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director - Robert O'Leary 6205 Peachtree Dunwoody Rd Atlanta, GA 30328 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  Preston B. Barnett **4/22/03** 678-645-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #