FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 12, 2001 8:00 am Secretary of State DOCUMENT # F9400005769 CAPE ENVIRONMENTAL MANAGEMENT INC. 04-12-2001 90540 031 ***158.75 Principal Place of Business Mailing Address 2302 PARKLAKE DRIVE, SUITE 200 2302 PARKLAKE DRIVE, SUITE 200 ATLANTA GA 30345-2907 ATLANTA GA 30345-2907 **COU45570** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 58-1639130 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \mathbf{K} Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARLOW, DON Street Address (P.O. Box Number is Not Acceptable) 5796 HOFFNER AVENUE, SUITE 607 ORLANDO FL 32822 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. (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 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) Change TITLE ☐ Delete TITLE RIOS. FERNANDO Harri's; Ken NAME NAME STREET ADDRESS 2302 PARKLAKE DRIVE, SUITE 200 STREET ADDRESS 2302 ParkLake Drive, Suite 200 CITY-ST-ZIP CITY-ST-7IP ATLANTA GA 30345-2907 Atlanta, Ga. 30345-2907 ☐ Change ☐ Addition TITLE Delete TITLE HEPPNER, JOHN B JR. NAME HuttöyeDan NAME STREET ADDRESS STREET ADDRESS 2302 PARKLAKE DRIVE, SUITE 200 2302 ParkLake Drive, Suite 200 CITY-ST-7IP CITY-ST-ZIP ATLANTA GA 30345-2907 Atlanta, Ga. 30345-2907 Change ☐ Addition DS --TITLE =-☐ Delete TITLE Kitt, Herman HERNANDEZ, JUAN NAME NAME STREET ADDRESS 2302 ParkLake Drive, Suite 200 STREET ADDRESS 2302 PARKLAKE DRIVE, SUITE 200 CITY-ST-ZIP CITY-ST-7IP ATLANTA GA 30345-2907 Atlanta, Ga. 30345-2907 D۷ ☐ Change Addition TITLE TITLE □ Delete GATES, KURT NAME NAME STREET ADDRESS STREET ADDRESS 102 WILMOT ROAD, SUITE 160 CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD IL 60015-5106 CFO** TITLE ☐ Delete TITLE Change Addition NAME FLYNN, LES NAME STREET ADDRESS STREET ADDRESS 2302 PARKLAND DR #200 CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA ☐ Delete TITLE Change ☐ Addition NAME KARG, CHRISTOPHER STREET ADDRESS 2302 PARKLAKE DR.SUITE 200 STREET ADDRESS CITY-ST-ZIP 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

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

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date