FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State
03-16-1999 90088 041 ***150.00

DOCUMENT # F97000000083

1. Corporation Name
TENSAR EARTH TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
5775-B GLENRIDGE DR., STE. 450 ATLANTA GA 30328	1230 PEACHTREE STREET, NE. SUITE 2400 ATLANTA GA 30309 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/06/1997

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 58-1779563 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	HARRINGTON, G. FEHRMAN		12 NAME	
STREET ADDRESS	5775-B GLENRIDGE DR., STE. 450		13 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30328		14 CITY-ST-ZIP	
TITLE	P	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	EGAN, PHIL		22 NAME	
STREET ADDRESS	5775-B GLENRIDGE DR., STE. 450		23 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30328		24 CITY-ST-ZIP	
TITLE	V	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	VANDERZEE, PETE		32 NAME	
STREET ADDRESS	5775-B GLENRIDGE DR., STE. 450		33 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30328		34 CITY-ST-ZIP	
TITLE	S	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	BRIGGS, ROB		42 NAME	
STREET ADDRESS	5775-B GLENRIDGE DR., STE. 450		43 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30328		44 CITY-ST-ZIP	
TITLE	T	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	SPEAR, KATHERINE		52 NAME	
STREET ADDRESS	5775-B GLENRIDGE DR., STE. 450		53 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30328		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: K L Spear K L Spear 3/15/99 404-874-3888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)