FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90429 001 ***150.00
05-07-2003 90429 002 *****8.75

DOCUMENT # F97000000083

1. Entity Name

Tensar Earth Technologies, Inc.

DO NOT WRITE IN THIS SPACE

55038591

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5883 Glenridge Drive	5883 Glenridge Drive
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Atlanta GA	City & State: Atlanta GA
Zip: 30328 Country: USA	Zip: 30328 Country: USA

4. FEI Number: 58-177-9563 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: C T Corporation System

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

1200 South Pine Island Road

City: Plantation FL Zip Code: 33324

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: MARY R. ADAMS ASSISTANT SECRETARY Mary R. Adams DATE: 4/15/03

Signature, typed or printed name and title of officer required. Date not applicable. (NOTE: Registered Agent signature required when reinstating)

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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Egan, Phil 5883 Glenridge Dr Ste 200 Atlanta GA 30328	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Vevoda, Bob 5883 Glenridge Dr Ste 200 Atlanta GA 30328	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Briggs, Rob 5883 Glenridge Dr Ste 200 Atlanta GA 30328	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Spear, Katherine 5883 Glenridge Dr Ste 200 Atlanta GA 30328	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**IN THIS SPACE**
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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: PHILIP D EGAN 4/16/03 (404)250-1290

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