2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 26, 2001 8:00 am DOCUMENT # F97000002463 **Secretary of State** WEKIVA SQUARE / CORO, INC. 03-26-2001 90048 009 ***150.00 Principal Place of Business Mailing Address 3312 PIEDMONT ROAD 3312 PIEDMONT ROAD **SUITE #315** SUIT #315 TEGGZAAA ATLANTA GA 30305-1713 ATLANTA GA 30305-1713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-1503430 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YERGLE, JON Street Address (P.O. Box Number is Not Acceptable) 215 N. EOLA DR. ORLANDO FL 32801 City Zip Code 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) DATE 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE ☐ Delete TITLE Change HERZ, JOACHIM NAME NAME 3312 PIEDMONT ROAD SUITE #315 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30305 TITLE ☐ Delete TITI F ☐ Change ☐ Addition DWYER, DAVID NAME NAME 3312 PIEDMONT ROAD, SUITE 315 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30305 VPS TITLE ☐ Delete TITLE Change Addition LICHTENAUER, MICHAEL DR NAME NAME STREET ADDRESS 3312 PIEDMONT ROAD SUITE #315 STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30305 CiTY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HERZ, PETRA NAME NAME STREET ADDRESS 3312 PIEDMONT ROAD SUITE #315 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30305 TITLE Delete TITLE Change Addition LUNDEEN, JOHN W I NAME NAME STREET ADORESS 3312 PIEDMONT ROAD SUITE #315 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30305 TITLE HILE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #