2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 19, 2000 8:00 am Secretary of State DOCUMENT # F99000001591 STERLING ARCHITECTURE, INC. 01-19-2000 90182 020 ***150.00 Principal Place of Business Mailing Address 1017 HAMPSHIRE DR. 1017 HAMPSHIRE DR. A0006881 MARYVILLE TN 37801 MARYVILLE TN 37801-3525 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 62-1058924 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATE ACCESS, INC. Street Address (P.O. Box Number is Not Acceptable) 236 EAST 6TH AVE. TALLAHASSEE FL 32303 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, 2000 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 11. OFFICERS AND DIRECTORS 12. TITI F ☐ Defete TITLE Change Addition STERLING, CHARLES H NAME NAME 1017 HAMPSHIRE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARYVILLE TN 37801 TITLE ☐ Addition TITLE ☐ Delete Change WOLLACK, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 1017 HAMPSHIRE DR. CITY-ST-ZIP CITY-ST-ZIP MARYVILLE TN 37801 ___ Delete TITLE Change ☐ Addition REESE, MELANIE NAME NAME STREET ADDRESS 1017 HAMPSHIRE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARYVILLE TN 37801 TITLE □ Delete TITLE ☐ Change ☐ Addition ROSSER. CHRIS NAME STREET ADDRESS STREET ADDRESS 1017 HAMPSHIRE DR. CITY-ST-ZIP CITY-ST-ZIP MARYVILLE TN 37801 ST ☐ Delete TITLE Change Addition STERLING, KELLY NAME 1017 HAMPSHIRE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF MARYVILLE TN 37801 TITLE ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR