2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## DOCUMENT # F9900006675 May 22, 2000 8:00 am Secretary of State Thompson Hancock Witte & Associates, Inc. 05-22-2000 90043 015 \*\*\*150.00 Principal Place of Business Mailing Address Atlanta, GA 4055 Roswell Road, NE 30342 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 58-1108140 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CT Corporation System 1200 E. Pine Island Road Plantation, FL 33324 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П 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 12. 11. ☐ Change Addition TITLE M Delete THOMPSON, ROMULUS H. WITTE, WILLIAM R. NAME . 4055 ROSWELL ROAD 4055 ROSWELL ROAD STREET ADDRESS STREET ADDRESS ATLANTA, GA 30342 ATLANTA, GA 30342 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE V/D/T NAME NAME TILDEN, MARK D. STREET ADDRESS 4055 ROSWELL ROAD STREET ADDRESS ATLANTA, GA 30342 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ▼ Addition ☐ Delete TITLE TITLE NAME HUDGINS, JAMES H., JR. NAME 4055 ROSWELL ROAD STREET ADDRESS STREET ADDRESS ATLANTA, GA 30342 CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ■ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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.