

2009 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M99000000873

1. Entity Name CHIPJAX, LLC

Principal Place of Business 1945 THE EXCHANGE, SUITE 400 ATLANTA GA 30339

Mailing Address 1945 THE EXCHANGE, SUITE 400 ATLANTA GA 30339-2090

2. Principal Place of Business 1945 The Exchange Suite 400

3. Mailing Address Suite, Apt. #, etc.

City & State Atlanta, Ga. Zip 30339 Country USA

City & State Zip Country

4. FEI Number 58-2429982

Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 \$50.00 Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

Table with columns for Title, Name, Street Address, City-ST-ZIP, and Delete checkbox. Row 1: MGR ABRAMS PROPERTIES, INC. 1945 THE EXCHANGE, SUITE 400 ATLANTA GA 30339.

10. ADDITIONS / CHANGES

Table with columns for Title, Name, Street Address, City-ST-ZIP, Change checkbox, and Addition checkbox. Includes handwritten entries and a stamp: 800003317408-9 07/10/00-01024-02X Addition *****50.00 *****50.00

CR2E083 (9/99)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Abrams Properties, Inc, sole member

SIGNATURE: [Signature] DATE: 4-28-00 DAYTIME PHONE #: 770-953-1777