## 2003 FOR PROFIT CORPORATION

| UNIFORM BUSINESS REPORT (UBR)  |  |                                 |                                       | Apr 07, 2003 8:00 am  |                                   |  |
|--|--|---------------------------------|---------------------------------------|---|-----------------------------------|--|
| 1. Entity Nan  | MENT # P0569 APH CORPORATION-CAD S   |                                 |                                       | Secretary<br>04-07-2003 90738   |                                   |  |
| TAX DEPT IW<br>ONE MADISO<br>HUNTSVILLE<br>US<br>2. Principal F<br>ZBS J   | Principal Race of Business     3. Mailing Address                              |                                 | PARK<br>N 2 005                       | CHECK HERE IF MAKI  |                                   |  |
| City & Stat<br>HUN   | Sville M   | City & State HUNTSVILLE         | Ac                                    | 4. FEI Number 63-0573222  | Applied For Not Applicable        |  |
| Zip<br>3586  |  | 35894-0001                      | Country                               | 5. Certificate of Status Desired  | \$8.75 Additional<br>Fee Required |  |
| 6. Name and Address of Current Registered Agent  Name  |  |                                 |                                       | 7. Name and Address of New Registere  | a Agent                           |  |
| THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105  |  |                                 | Street Address (                      | Street Address (P.O. Box Number is Not Acceptable)  |                                   |  |
| TALLAHASSEE FL 32301   |  |                                 | City                                  | F   | Zip Code                          |  |
|  | e named entity submits this statement for tions of registered agent.           | the purpose of changing its rec |                                       | red agent, or both, in the State of Florida. I ar   | m familiar with, and accept       |  |
| SIGNATURE  | Signature, typed or printed name of registered agent a                         | nd title it applicable (NOTE: R | egistered Agent signature required    | d when reinstating) DATE  | <del>.</del>                      |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State |  |                                 |                                       | Election Campaign Financing     Trust Fund Contribution.  | \$5.00 May Be Added to Fees       |  |
| 10.  | OFFICERS AND I   | DIRECTORS                       | 11.                                   | ADDITIONS/CHANGES TO OFFICERS A   | ND DIRECTORS IN 11                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | D<br>GREENWOOD, LAWRENCE<br>3027 HAMPTON COVE WAY<br>OWENS CROSS ROADS AL 3576 | □ Delete                        | TITLE NAME STREET ADDRESS CITY-ST-ZIP |   | ☐ Change ☐ Addition               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | V<br>MILES, LARRY T<br>108 APPLECROSS LANE<br>MADISON AL 35758                 | ☐ Delete                        | TITLE NAME STREET ADDRESS CITY-ST-ZIP |   | ☐ Change ☐ Addition               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | D<br>LEE, THOMAS J<br>230 WALDEN LANE<br>NEW MARKET AL 35761                   | ☐ Delete                        | TITLE NAME STREET ADDRESS CITY-ST-ZIP | a to the second of the second | ☐ Change ☐ Addition               |  |
| NAME STREET ADDRESS CITY-ST-ZIP  | D<br>GREEN, LINDA<br>1527 LOCUST CIR<br>HUNTSVILLE AL 35801                    | ☐ Delete                        | TITLE NAME STREET ADDRESS CITY-ST-ZIP |   | ☐ Change ☐ Addition               |  |
| NAME STREET ADDRESS CITY-ST-ZIP  | CPD<br>TAYLOR, JAMES F<br>22 ST. CHARLES SQUARE<br>HUNTSVILLE AL               | ☐ Delete                        | TITLE NAME STREET ADDRESS CITY-ST-ZIP |   | ☐ Change ☐ Addition               |  |
| TITLE<br>NAME<br>STREET ADDRESS  | VD<br>LASTER, LARRY J<br>211 CHESWICK DR                                       | ☐ Delete                        | TITLE NAME STREET ADDRESS             |   | ☐ Change ☐ Addition               |  |

12. Thereby 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: M. STAN

MADISON AL 35758

CITY-ST-ZIP

Daytime Phone #