2003 FOR PROFIT CORPORATION

Jan 21, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR DOCUMENT # P28310 1. Entity Name 01-21-2003 90101 004 ***158.75 PST SERVICES, INC. Principal Place of Business Mailing Address **UUUTHUUI** 2840 MT WILKINSON PKWY 2840 MT WILKINSON PKWY ATLANTA GA 30339 ATLANTA GA 30339 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 58-1953146 Zip Country Not Applicable Zip Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 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. I am familiar with, and accept 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 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing Make Check Payable to Florida Department of State \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Grup, General Coursel, Escretural plange Delete TITLE NAME MURPHY, FRANK B Addition faul J. Duiner NAME STREET ADDRESS 2840 MT. WILKINSON PARKWAY STREET ADDRESS 2840 M. Wilkinson PKL CITY-ST-ZIP atlanta ga 30339 CITY-ST-ZIP Afference CN 30339 Delete TITLE NAME ☐ Change PEAD, PHILIP M ☐ Addition NAME STREET ADDRESS 2840 MT. WILKINSON PARKWAY STREET ADDRESS CITY-ST-ZIF ATLANTA GA 30339 CITY-ST-7IP TITLE **EVCF** Delete TITLE NAME PERKINS, CHRIS E ☐ Change ☐ Addition NAME STREET ADDRESS 2840 MT. WILKINSON PARKWAY STREET ADDRESS CITY-ST-ZIE <u>Atlanta</u> ga 30339 CITY-ST-ZIP TITLE **VPT** ☐ Delete TITLE NAME ☐ Change Leshynski, caryn ☐ Addition STREET ADDRESS 2840 MT WILKINSON PKWY STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30339 CITY-ST-ZIP TITLE NVP XX Delete TITLE NAME WOODIS, STEVEN F ☐ Change ☐ Addition NAME STREET ADDRESS 2840 MT. WILKINSON PARKWAY STREET ADDRESS CITY-ST-ZIP <u>ATLANTA GA 30339</u> CITY-ST-ZIP

ATLANTA GA 30339 12. 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 outrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-7IP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

CALLAHAN, MICHAEL K

2840 MT. WILKINSON PARKWAY

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MATURE ME OF SIGNING OFFICER OR DIRECTOR SCIVE, CHARACTER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

☐ Delete

☐ Change

FILED

(wo)

☐ Addition

CR2E034 (10/02)