2002 UNIFORM BUSINESS REPORT (UBR)

May 12, 2002 8:00 am Secretary of State DOCUMENT # P34326 1. Entity Name BOLDEN ENGINEERS, INC. 05-12-2002 90644 045 ***150.00 Principal Place of Business Mailing Address 3066 HWY, 29 SOUTH 3066 HWY. 29 SOUTH LAWRENCEVILLE GA 30044 LAWRENCEVILLE GA 30044 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-1388110 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 COP TITLE ☐ Delete TITLE Change Addition BOLDEN, RONALD L. NAME NAME 3066 HWY. 29 SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAWRENCEVILLE GA CITY-ST-ZIP TITLE ☐ Delete ☐ Addition Change NAME BOLDEN, FELICIA NAME STREET ADDRESS 3066 HWY. 29 SOUTH STREET ADDRESS CITY-ST-ZIP LAWRENCEVILLE GA CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME WILLIAMS, RHONDA NAME STREET ADDRESS 3066 HWY. 29 SOUTH STREET ADDRESS CITY-ST-ZIP LAWRENCEVILLE GA CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

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