2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

\mathtt{FILED} DOCUMENT # F9800004077 Apr 20, 2000 8:00 am Secretary of State COLONY MANAGEMENT SERVICES, INC. 04-20-2000 90078 033 ***150.00 Principal Place of Business Mailing Address 9201 FOREST HILL DRIVE. STE 200 9201 FOREST HILL DRIVE, STE 200 RICHMOND VA 23235-6865 RICHMOND VA 23235 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 56-1737802 Not Applicable Zio Country \$8.75 Additional Zip Country .□... 5. Certificate of Status Desired -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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. DATE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. Addition TITI F PD ☐ Delete TITLE Change NAME LATHAM, JOHN NAME STREET ADDRESS STREET ADDRESS 9201 FOREST HILL DR., STE 200 CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA ☐ Delete Change ☐ Addition SD TITLE NAME NAME ABRAM, J A STREET ADDRESS STREET ADDRESS 2801 SLATER RD., STE 110 CITY-ST-ZIP CITY-ST-7IP MORRISVILLE NC. ☐ Change ☐ Addition ☐ Delete TITLE TITLE TD NAME NAME DAVIS, GREGG T STREET ADDRESS STREET ADDRESS 2801 SLATER RD., STE 110 CITY-ST-ZIP CITY-ST-ZIP MORRISVILLE NC Change ☐ Addition □ Delete TITLE DESCH. EDWARD NAME STREET ADDRESS STREET ADDRESS 9201 FOREST HILL DR., STE 200 CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA Change Addition ☐ Delete TITLE PILKINGTON, DALE NAME STREET ADDRESS STREET ADDRESS 9201 FOREST HILL DR., STE 200 CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA ☐ Delete Change ☐ Addition TITLE TITLE NAME WALL, DOUGLAS STREET ADDRESS STREET ADDRESS 9201 FOREST HILL DR., STE 200 CITY-ST-7IP CITY-ST-ZIP RICHMOND VA 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.

Daytime Phone #