CR2E034 (9/01

404-848~8600

Daytime Phone #

## 2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 🗻

## Apr 01, 2002 8:00 am DOCUMENT # P99000099028 **Secretary of State** 1. Entity Name STOCKTON STREET PROPERTIES, INC. 04-01-2002 90654 034 \*\*\*150.00 Principal Place of Business Mailing Address 1801 HERMITAGE BLVD., STE. 600 1801 HERMITAGE BLVD. STE. 600 TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3607780 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TODD, DAVID E Street Address (P.O. Box Number is Not Acceptable) 1801 HERMITAGE BLVD., STE. 600 TALLAHASSEE FL 32308 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE TITLE Change Addition ☐ Delete TRIVERS, LISA K. NAME BENNETT, DOUGLAS W NAME 3424 PEACHTREE RD., NE, STE. 800 STREET ADDRESS 1801 HERMITAGE BLVD., STE. 600 STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TALLAHASSEE FL 32308 ATLANTA GA 30326 DVAS TITLE DVAS Delete TITLE Change X Addition HORTON, JAMES W NAME NAME SMITH, JEFFREY L. STREET ADDRESS STREET ADDRESS 1801 HERMITAGE BLVD., STE. 600 1801 HERMITAGE BLVD., STE. 600 CITY-ST-ZIE CITY-ST-7IP TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 ☐ Delete ☐ Change X Addition TITLE DVAT TITLE NAME NAME GRAY, LYNNE M WARRIOR, DEXTER B. STREET ADDRESS STREET ADDRESS 3424 PEACHTREE RD., NE, STE. 800 1801 HERMITAGE BLVD., STE. 600 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 ATLANTA GA 30326 TITLE ☐ Delete TITLE Change Addition NAME NAME DECOSTA, LALER C STREET ADDRESS STREET ADDRESS 3424 PEACHTREE RD NE #800 CITY-ST-ZIP CITY-ST-ZIP atlanta ga 30326 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME BURGI-SANDELL, KATHLEEN STREET ADDRESS STREET ADDRESS 3424 PEACHTREE RD NE #800 CITY-ST-ZIP CITY-ST-ZIP atlanta ga 30326 TITLE Delete TITLE ☐ Change ☐ Addition NAME MCKEAN, THOMAS A NAME STREET ADDRESS 3424 PEACHTREE RD NE #800 STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30326 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

Thomas A. McKean 02-20-02

Date

OF SIGNING OFFICER OR DIRECTOR