2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 07, 2004 8:00 am Secretary of State DOCUMENT # P03000051457 04-07-2004 90337 028 ***150.00 1. Entity Name SEGERMAN, INC. Principal Place of Business Mailing Address 14000873 846 LULLWATER ROAD, NE 846 LULLWATER ROAD, NE ATLANTA, GA 30307 ATLANTA, GA 30307 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02092004 Chg-P CR2E034 (10/03) 4. FEI Number City & State City & State Applied For 45-0516694 Not Applicable Zíp Country Country Zip \$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 MARGOLIES, MITCHELL J Street Address (P.O. Box Number is Not Acceptable) 1048 FAIRFAX LANE WESTON, FL 33326 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 the obligations of registered agent. SIGNATÚRE. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change Addition TITLE ☐ Delete MINTZER, SUSAN S NAME NAME 444 EAST 82ND STREET, APT, 10-V STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10028 CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition SEGERMAN, SHERRY NAME NAME STREET ADDRESS 6700 HILLANDALE ROAD STREET ADDRESS --* CITY-ST-7IP CITY - ST - ZIP CHEVY CHASE, MD 20815 Change ☐ Addition ☐ Delete TITLE TITLE SUGERMAN, STUART NAME NAME 846 LULLWATER ROAD, NE STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP ATLANTA, GA 30307 TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-7(P ☐ Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 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 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.

FILED

SEGERMAN ,