

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000001936

Entity Name: THIRD LENS CORPORATION**Current Principal Place of Business:**211 PERIMETER CENTER PKWY STE 1070
ATLANTA, GA 30346**Current Mailing Address:**P.O. BOX 2723
AUBURN, AL 36831-2723 US**FEI Number:** 27-0670656**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BURCH, CHRISTOPHER
110 LOGAN LN #3
SANTA ROSA BEACH, FL 32459 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title V
Name LECRAW, MARK
Address 4998 TARRY GLEN DRIVE
City-State-Zip: SUWANEE GA 30024

Title D
Name REID, BRENT
Address 690 TANGLEWOOD TRAIL NW
City-State-Zip: ATLANTA GA 30327

Title S
Name RHODES, TOM
Address 76 HUNTINGTON RD
City-State-Zip: ATLANTA GA 30309

Title T
Name GODFREY, JACK
Address 1831 BALLYBUNION DRIVE
City-State-Zip: JOHNS CREEK GA 30097

Title PRESIDENT
Name O'NEIL, BRIAN
Address 1509 DARTMOUTH DRIVE
City-State-Zip: AUBURN AL 36830

Title DIRECTOR
Name LEONARD, KATIE
Address 6620 BUCKINGHAM CIRCLE
City-State-Zip: CUMMING GA 30040

Title DIRECTOR
Name AUSTIN, RYAN
Address 1521 ASTRE CIRCLE
City-State-Zip: HOOVER AL 35226

Title DIRECTOR
Name MCMAHON, WILLIAM
Address 168 WIND CREST
City-State-Zip: ALEXANDER CITY AL 35010

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN O'NEIL**OFFICER (PRESIDENT)****02/15/2024**

Electronic Signature of Signing Officer/Director Detail

Date