2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # 355684 Jan 31, 2001 8:00 am Secretary of State 1. Entity Name KBJ ARCHITECTS, INC. 01-31-2001 90313 044 ***158.75 Principal Place of Business Mailing Address 510 JULIA STREET 510 JULIA STREET JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 100001 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 59-1277189 Applied For Not Applicable Zip Country 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 TAYLOR, WALTER Q Street Address (P.O. Box Number is Not Acceptable) 510 JULIA STREET JACKSONVILLE FL 32202 Zip Code 8. The above named entity submits this statement the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 TITLE ☐ Delete TITLE ☐ Addition MORRIS, WILLIAM T. NAME NAME 510 JULIA STREET STREET ADDRESS STREET ADDRESS JAX FL 32202 CITY-ST-ZIP CITY-ST-7IP TD TITLE ☐ Delete TITLE ☐ Change ☐ Addition RUTH, JOHN W. NAME 510 JULIA STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JAX FL 32202 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition KIRKWOOD, CRAIG NAME NAME 510 JULIA ST STREET ADDRESS STREET ADDRESS JAX FL 32202 CITY-ST-ZIP CITY-ST-ZIP CD TITLE ☐ Delete TITLE ☐ Change ☐ Addition TAYLOR, WALTER Q NAME NAME **510 JULIA STREET** STREET ADDRESS STREET ADDRESS JAX FL 32202 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition RENSING, THOMAS K. NAME NAME 510 JULIA ST STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32202 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete THILE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

1/3/2001