FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 838302 1. Entity Name 02 FEB 12 AM 11:59 WILLIAMS-RUSSELL AND JOHNSON, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 771 Spring St., NW 771 Spring Street, NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 2nd Floor City & State 4. FEI Number Applied For City & State 58-1269958 Not Applicable Atlanta, Atlanta Country Country \$8.75 Additional 36308 5. Certificate of Status Desired Q 30308-1039 USA Fee Required 7. Name and Address of Current Registered Agent Williams, Tyrone C.
Street Address (P.O. Box Number is Not Acceptable) DO NOT WRITE 3900 N.W. 79th Ave. Ste.520 IN THIS SPACE Zip Code City FL 33166-6549 Miami, 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) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax fiting requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS CR2E034B (12/01) TITLE COBC TITLE Williams, Pelham C NAME NAME STREET ADDRESS STREET ADDRESS 1250 Clearbrook Dr., SW CITY-ST-ZIP CITY ST JIP <u> Atlanta. GA 30311</u> TITLE TITLE PC00 NAME NAME Johnson, Charles E. STREET ADDRESS STREET ADDRESS 2807 Alameda Trail Decatur, GA 30034 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME White, Linnie Adams - PD 3872 Cheru Dr. 30034 STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP De<u>catur, GA</u> TITLE IN THIS SPACE Carpenter, Jitendra V - SVPI NAME NAME 487 Cove Drive IL STREET ADDRESS STREET ADDRESS CITY-ST-ZP Marietta, GA 30067 CTTY-ST-ZIP TITLE TITLE Williams, Pelham L. - VPD NAME NAME 503 Champion Drive

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

STREET ADDRESS

STREET ADDRESS

City-St-ZiP

TITLE

NAME

President

30097

STREET ADDRESS

STREET ADDRESS

CITY - ST-ZIP

Duluth, GA

CITY-ST-ZIP

TITLE

NAME

Daytime Phone /

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