## FILED **2001 UNIFORM BUSINESS REPORT (UBR)** Mar 01, 2001 8:00 am **DOCUMENT #846936 Secretary of State** 1. Entity Name APAC, INC. 03-01-2001 90053 026 \*\*\*150.00 Principal Place of Business Mailing Address 900 ASHWOOD PKY P.O. BOX 14000 しむせきさき25 LEXINGTON ,Y 40512 ATLANTA GA 30338 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 58-1401470 Not Applicable Zip Country Zip 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 Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 660 EAST JEFFERSON STREET TALLAHASSEE FL 32301 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition ☐ Delete Change TITLE TIT1 F NAME NAME POTTS, CHARLES F. STREET ADDRESS STREET ADDRESS 900 ASHWOOD PKWY CITY-ST-ZIP CITY-ST-7IP <u>atlanta ga</u> ☐ Addition TITLE **Delete** TITLE ☐ Change NAME OGREN, ELDON L. NAME STREET ADDRESS STREET ADDRESS 900 ASHWOOD PKWY CITY-ST-ZIP CITY-ST-ZIP <u>atlanta ga</u> X Change TITLE ☐ Delete TITLE ☐ Addition **VPSD** NAME NAME MEYER, PAUL S 500 Diederich Blvd. STREET ADDRESS STREET ADDRESS 1000-ASHLAND DR CITY-ST-7IP CITY-ST-ZIP RUSSELL KY 41169 ☐ Delete ☐ Change ☐ Addition THILE **VPAS** TITLE NAME NAME PACE, RAY M STREET ADDRESS STREET ADDRESS 3499 DABNEY DRIVE CITY-ST-ZIP CITY-ST-ZIP LEXINGTON KY 40509 ☐ Change Addition TITLE VPAS ☐ Delete TITLE NAME JONES, RICHARD A STREET ADDRESS STREET ADDRESS 3499 DABNEY DRIVE CITY-ST-ZIP CITY-ST-ZIF

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 eath; 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.

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

LEXINGTON KY 40512

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Richard A Jones

2-22-2002

357-7484

Daytime Phone

☐ Addition