


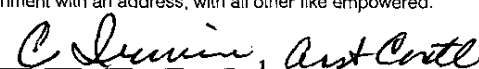
FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90006 050 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 847469				Feb 21, 2001 8:00 am Secretary of State 02-21-2001 90006 050 ***150.00			
1. Entity Name HYDRO SOUTH, INC.				<div style="font-size: 2em; font-weight: bold;">922101</div> <div style="text-align: center;"> DO NOT WRITE IN THIS SPACE</div>			
Principal Place of Business 1355 MCFARLAND 400 DRIVE ALPHARETTA GA 30201		Mailing Address 1355 MCFARLAND 400 DRIVE ALPHARETTA GA 30201					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 58-1217902		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>				FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P SYKES, RALPH <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	1250 HOPEWELL CREST			NAME			
STREET ADDRESS	ALPHARETTA GA			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	ST DAVIS, WAYNE <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	192 CROSS GATE DR.			NAME			
STREET ADDRESS	MARIETTA GA			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	D HARRIS, GEORGE <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	834 W MADISON			NAME			
STREET ADDRESS	CHICAGO IL 60607			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	D SYKES, RALPH <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	1250 HOPEWELL CREST			NAME			
STREET ADDRESS	ALPHARETTA GA			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	D DAVIS, WAYNE <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	192 CROSS GATE DR			NAME			
STREET ADDRESS	MARIETTA GA			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
SIGNATURE: 				2-16-01			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>			
				<small>Daytime Phone #</small>			