2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 847787 May 24, 2000 8:00 am Secretary of State FAIRFAX PROPERTIES, INC. 05-24-2000 90194 007 ***155.00 Mailing Address Principal Place of Business C/O L.R. WYCHE C/O L.R. WYCHE 3530 PIEDMONT RD., UNIT 12-L 3530 PIEDMONT RD., UNIT 12-L ATLANTA GA 30305 ATLANTA GA 30305-1551 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 58-1395365 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAMPBELL, DOAK S Street Address (P.O. Box Number is Not Acceptable) 70 SE 4TH AVENUE **DELRAY BEACH FL 33483** Zip Code FL 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) 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, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete Change TITLE TITLE WYCHE, RONALD L NAME NAME STREET ADDRESS 3530 PIEDMONT RD. #12L STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALTANTA GA Change ☐ Addition Delete TITLE TITLE TOON, RALPH L JR NAME NAME STREET ADDRESS STREET ADDRESS 91 SAN JUAN DRIVE #F5 CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA FL 32082 ☐ Change ☐ Addition ☐ Delete TITLE TITLE -NAME THOMPSON, J. ALLEN NAME 247 ST MARTINS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MABLETON GA ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE 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:

SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

4-28-00

(904) 264-958

Daytime Phone #