2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 18, 2001 08:00 AM 847787 DOCUMENT # 1. Entity Name **Secretary of State** FAIRFAX PROPERTIES, INC. Principal Place of Business Mailing Address C/O L.R. WYCHE C/O L.R. WYCHE 3530 PIEDMONT RD., UNIT 12-L 3530 PIEDMONT RD., UNIT 12-L ATLANTA GA ATLANTA GA 30305 30305 US 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 Applied For 58-1395365 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAMPBELL DOAK 70 SE 4TH AVENUE Street Address (P.O. Box Number is Not Acceptable) DELRAY BEACH FL33483 US 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. 01/18/2001 Signature, typed or printed name of registered 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 After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 AS TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change THOMPSON MAME J. ALLEN THOMPSON NAME J. ALLEN 247 ST MARTINS DR STREET ADDRESS STREET ADDRESS 4500 EXMOOR DRIVE CITY-ST-ZIP MABLETON GA MARIETTA CITY-ST-ZIP GA30067 P ☐ Delete TITLE ☐ Change NAME TOON RALPH L,IR NAME STREET ADDRESS 91 SAN JUAN DRIVE #F5 STREET ADDRESS CITY-ST-ZIP PONTE VEDRA FL 32082 CITY-ST-ZIP Delete TITLE X Change ☐ Addition WYCHE RONALD NAME WYCHE RONALD STREET ADDRESS 3530 PIEDMONT RD. #12L STREET ADDRESS 3530 PIEDMONT RD. #12L CITY-ST-ZIP ALTANTA GA CITY-ST-ZIP ALTANTA 30305 GA ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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.

01/18/2001

Daytime Phone #

Date

SIGNATURE: __L.R. Wyche

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR