2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 849280

Title:

Name:

Address:

City-St-Zip:

() Delete

BRIDGES, CLAUDE S.,

ATLANTA, GA

7085 RIVERSIDE DR. NW

Entity Name: MALONE CONSTRUCTION COMPANY INC.

FILED Feb 11, 2002 8:00 AM Secretary of State

y		CONCINCOLITICITY COMITY	VI, II VO.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
P.O.BOX	NE ST, N.W. 19815 STATIC , GA 30325	N N					
Current M	lailing Addres	s:	New Maili	New Mailing Address:			
P.O.BOX	NE ST, N.W. 19815 STATIC , GA 30325	DN N					
FEI Number: 58-0977528		FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
HEMENW. 60 THIRD ROCKLED		R. US					
	named entity s e of Florida.	submits this statement for the	purpose of changing	ts registered	office or re	egistered agen	t, or both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent			gent			Date	
•		satisfy its Intangible Tax filing reg	equirement and elects to	do so (X).			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PT () MALONE, J. KII 700 ANTONE S ATLANTA, GA		Title: Name: Address: City-St-Zip:	PT MALONE, J. 700 ANTONE ATLANTA, GA	STREET) Addition	
Title: Name: Address: City-St-Zip:	V () HEMENWAY, G 60 THIRD ST ROCKLEDGE,	•	Title: Name: Address: City-St-Zip:		()Change() Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

VS

BRIDGES, CLAUDE S.,

ATLANTA, GA 30328

7085 RIVERSIDE DR. NW

SIGNATURE: CLAUDE S. BRIDGES V-P 02/11/2002

(X) Change () Addition