2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

FILED **DOCUMENT #849594** Jan 20, 2000 8:00 am **Secretary of State** WOLF CAMERA, INC. 01-20-2000 90106 024 ***150.00 Mailing Address Principal Place of Business 4955 MARCONI DRIVE 4955 MARCONI DRIVE ALPHRETTA GA 30005-8894 ALPHRETTA GA 30005 1101000 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 58-1210910 Not Applicable Zip Country 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) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 DATE 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 AND DIRECTORS AND DIRECTORS 11. 12. partitioners that are ☐ Addition Change TITLE Charles R. Wolf TITLE Delete WOLF, CHARLES R NAME NAME 4986 Marconi Dr. STREET ADDRESS STREET ADDRESS ·1706 CHANTILLY DRIVE N.E. CITY-ST-ZIP CITY-ST-ZIP Alpharetta (a. 30005 ATLANTA GA 30324-3296 ☐ Addition Change CFOV ☐ Delete TITLE Sheldon Zimmerman NAME ZIMMERMAN, SHELDON NAME STREET ADDRESS 1706 CHANTILLY DRIVE N.E. STREET ADDRESS 4955 Marconi Dr. CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30324-3296 Moharetta, Ga. 30005 vcoo. Change ☐ Addition **VC00** TITLE TITLE ☐ Delete William V. Fletcher FLETCHER, WILLIAM V NAME NAME 4955 Marconi Dr. STREET ADDRESS 1706 CHANTILLY DRIVE N.E. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Moharetta, Ga. 30005 ATLANTA GA 30324-3296 Change ☐ Addition TITLE Delete TITLE Stephen M. LaMastra LAMASTRA, STEPHEN M NAME NAME 1933 Marconi Dr. STREET ADDRESS STREET ADDRESS 1706 CHANTILLY DRIVE N.E. CITY-ST-ZIP CITY-ST-ZIP Alpharetta, (ra. 30005 ATLANTA GA 30324-3296 Vace alternation and Change ☐ Addition Delete TITLE TITLE THURMAN, MARK NAME NAME 1706 CHANTILLY DRIVE N.E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30324-3296 ☐ Change Addition ☐ Delete TITLE TITLE 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

OFFICER OR DIRECTOR