2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 17, 2007
Secretary of State

DOCUMENT# 856697

Entity Name: TECHNICAL ASSOCIATES OF GEORGIA, INC.

Current Principal Place of Business:

2423 WESTGATE DRIVE
ALBANY, GA 31707 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2048
ALBANY, GA 31702 US

New Mailing Address:

FEI Number: 58-1409457 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., STE. 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: NRAI SERVICES, INC./ GRAHAM THOMPSON
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: COB ( ) Delete
Name: HOGUE, JR, JOHN F
Address: 1054 FAIRWAY VALLEY DRIVE
City-St-Zip: WOODSTOCK, GA 30189

Title: VCOB ( ) Delete
Name: THOMPSON, GRAHAM
Address: 6021 ELLIOTT DRIVE
City-St-Zip: ALBANY, GA 31705

Title: PRES ( ) Delete
Name: HOGUE, JR., JOHN F
Address: 1054 FAIRWAY VALLEY DRIVE
City-St-Zip: WOODSTOCK, GA 30189

Title: VP ( ) Delete
Name: THOMPSON, GRAHAM
Address: 6021 ELLIOTT DRIVE
City-St-Zip: ALBANY, GA 31705

Title: VP ( ) Delete
Name: BUSBY, BRUCE E
Address: 260 SWEETBRIER BRANCH LANE
City-St-Zip: JACKSONVILLE, FL 32259

Title: AVP ( ) Delete
Name: STRAIT, JAMES L
Address: 2280 OSPREY AVENUE
City-St-Zip: ORLANDO, FL 32814

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: GRAHAM THOMPSON VP 09/17/2007
Electronic Signature of Signing Officer or Director — Date