2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 856946** Feb 10, 2000 8:00 am **Secretary of State** SUNLINK CORPORATION 02-10-2000 90021 040 ***150.00 Mailing Address Principal Place of Business 1155 PEACHTREE ST., NE 1100 PEACHTREE ST., NE **SUITE 1800 SUITE 1100** ATLANTA GA 30309-7629 ATLANTA GA 31309-4599 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 51-0270461 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 THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. Change Addition CR2F0:14 (9/9) TITI E ☐ Delete TITLE GAITHER, THOMAS A. NAME NAME STREET ADDRESS STREET ADDRESS 1100 PEACHTREE ST NE CITY-ST-ZIP CITY-ST-ZIP atlanta ga Addition Change ☐ Delete TITLE JOHNSON, FREDERICK W NAME STREET ADDRESS 1155 PEACHTREE STREET N E, STE 1800 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP atlanta ga ☐ Change Addition TITLE ☐ Delete NAME WALTON, GARY L. NAME STREET ADDRESS 1155 PEACHTREE ST NE STREET ADDRESS CITY-ST-7)P CITY-ST-ZIP ATLANTA GA ☐ Change ☐ Addition TITLE Delete LEMOND, G. FRANK NAME NAME SUITE 410, 59 EXECUTIVE PARK SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30329 ☐ Change ☐ Addition Delete TITLE TITLE BOREN, C. S. NAME See Attachment STREET ADDRESS STREET ADDRESS 1155 PEACHTREE STREET NE CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30309-3610 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME WALTON, GARY L NAME STREET ADDRESS STREET ADDRESS 1155 PEACHTREE STREET NE CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30309-3610

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

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joyce C. Irvine, Assistant Secretary 1/21/00 404/249-44