2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001760

1. Entity Name

HIE, INC.

Principal Place of Business	Mailing Address
1850 PARKWAY PLACE	1850 PARKWAY PLACE
STE 1100	STE 1100
MARIETTA GA 30067	MARIETTA GA 30067

REINSTATEMENT 02 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number 58-2112366	Applied For / Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country	Zip / Country		

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324
~~(struck through)~~

7. Name and Address of New Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City: Tallahassee FL Zip Code 32301

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 *Deborah D. Skipper* Deborah D. Skipper Asst. V. Pres 12/3/02
Signature, typed or printed name of registered agent and title if applicable. (NOT required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE C / NAME PETIT, PARKER H / STREET ADDRESS 1850 PARKWAY PLACE STE 1200 / CITY-ST-ZIP MARIETTA GA 30067	☒ Delete	TITLE D+P / NAME Lorine R. Sweeney / STREET ADDRESS 6400 S. Fiddlers Green Cr. #1000 / CITY-ST-ZIP Englewood, CO 80111	☐ Change ☒ Addition
TITLE P / NAME MURRIE, ROBERT I / STREET ADDRESS 1850 PARKWAY PLACE STE 1100 / CITY-ST-ZIP MARIETTA GA 30067	☒ Delete	TITLE VP+T / NAME Gary T. Scherping / STREET ADDRESS 6400 S. Fiddlers Green Cr. #1000 / CITY-ST-ZIP Englewood, CO 80111	☐ Change ☒ Addition
TITLE D / NAME BLESSER, JOSEPH G / STREET ADDRESS 1850 PARKWAY PLACE STE 1100 / CITY-ST-ZIP MARIETTA GA 30067	☒ Delete	TITLE VP / NAME Deborah Dean / STREET ADDRESS 6400 S. Fiddlers Green Cr. #1000 / CITY-ST-ZIP Englewood, CO 80111	☐ Change ☒ Addition
TITLE T / NAME BLANKENSHIP, JOSEPH A / STREET ADDRESS 1850 PARKWAY PLACE STE 1100 / CITY-ST-ZIP MARIETTA GA 30067	☒ Delete	TITLE S / NAME Linda K. Wackwitz / STREET ADDRESS 6400 S. Fiddler's Cr. #1000 / CITY-ST-ZIP Englewood, CO 80111	☐ Change ☒ Addition
TITLE VPC / NAME MAGUIRE, LISA M / STREET ADDRESS 1850 PARKWAY PLACE STE 1100 / CITY-ST-ZIP MARIETTA GA 30067	☒ Delete	400009560414	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: *Lorine R. Sweeney* 11-19-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)