FILED May 23, 2001 8:00 am Secretary of State 2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** 1. Entity Name 05-23-2001 91187 045 ***150.00 KAUFMAN PROPERTIES, INC. Principal Place of Business Mailing Address 305 Craighead Drive C0070156 305 Craighead Drive Atlanta, GA Atlanta, GA 30305 The said 2. Principal Place of Business 3. Mailing Address 3098 Piedmont Road, NE 3098 Piedmont Road, NE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 490 490 City & State City & State 4. FEI Number Applied For Atlanta, Georgia Atlanta, Georgia 58-2504431 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 30305 USA 30305 **IISA** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) 32301-2525 Tallahassee, FL City Zin 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 Signeture, typed or printed name of registered agent and title if applicable (NOTE: Fegistered Agent signature required when reinstating) Atter MAY (19200) | Red Will be \$550,00 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. П Trust Fund Contribution. Added to Fees to Department of State ke Check Payable (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Vice President/Secretary President CRZE034 (11/00) TITLE ☐ Delete TITLE Change Addition Craig S. Kaufman Terry Feldman NAME NAME 3098 Piedmont Road, NE, Suite 490 3098 Piedmont Road, NE, Suite 490 STREET ADDRESS STREET ADDRESS Atlanta, GA 30305 Atlanta, GA 30305 CITY ST ZIP CITY ST 70 mue Delete MLE Assistant Secretary Change Addition Mark A. Block MALE NAME 1545 Peachtree Street, NE, Suite 700 STREET ADDRESS STREET ADDRESS 30309 Atlanta, GA CITY-ST-ZIP CITY-ST-ZIP Ociete TITT F ☐ Change ☐ Addition 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 changed, or on an attachment, with an address, with all other like empowered.

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WRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR MRECTOR

May 14, 2001

404-885-6718

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