2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 31, 2002 8:00 am Secrétary of State DOCUMENT # F00000003074 1. Entity Name 07-31-2002 90105 006 ***550.00 **ESSEX ENGINEERING CORPORATION** Principal Place of Business Mailing Address 2572 APPLE VALLEY RD., STE 200 2572 APPLE VALLEY RD., STE 200 9/1745 ATLANTA GA 30319 ATLANTA GA 30319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2402655 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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 1500 8. The above named entity submits this statement for the purpose of changing its registered off egistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE: yped or printed name of registered agent and title if applicable. e required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Change Addition GREEN JR, KENNETH B NAME 2572 APPLE VALLEY RD, STE 200 STREET ADDRESS STREET ADDRESS ATLANTA GA CITY-ST-ZIF CITY-ST-ZIP TITLE STD Delete TITLE Change ☐ Addition NAME GREEN, SANDRA L STREET ADDRESS 2572 APPLE VALLEY RD, STE 200 STREET ADDRESS CITY-ST-ZIP atlanta ga CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TIT) F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete

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 epon 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 trustice important of the exemption as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if vitn all other like empowered

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

☐ Change

☐ Addition