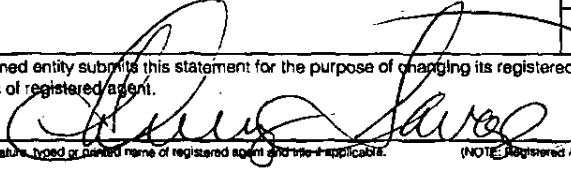


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/6/2003-90053-041-\$158.75-\$158.75

0623731 AT

DOCUMENT # F00000004121					
1. Entity Name LAW BUILDING SERVICES, INC.					
Principal Place of Business 1105 SANCTUARY PARKWAY, STE 300 ALPHARETTA GA 30004			Mailing Address 1105 SANCTUARY PARKWAY, STE 300 ALPHARETTA GA 30004		
2. Principal Place of Business 1105 Sanctuary Pkwy Suite, Apt. #, etc. Suite 300		3. Mailing Address 1105 Sanctuary Pkwy Suite, Apt. #, etc. Suite 300		FILED 03 JUN -9 AM 8:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
City & State Alpharetta GA		City & State Alpharetta GA			
Zip 30004		Zip 30004			
Country USA		Country USA		4. FEI Number 58-1351581 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				☐ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent PRENTICE HALL CORP SYSTEMS INC 1201 HAYS STREET TALLAHASSEE FL 32301			7. Name and Address of New Registered Agent Name: C T CORPORATION Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road City: Plantation FL Zip Code: 33324		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 6/4/03 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLES, BRUCE C 1105 SANCTUARY PKWY STE 300 ALPHARETTA GA 30004	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED LIST	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREER JR, W. CHARLES 1105 SANCTUARY PKWY STE 300 ALPHARETTA GA 30004	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GROEN, KEITH C 1105 SANCTUARY PKWY STE 300 ALPHARETTA GA 30004	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHERRILL, KENDALL H 1105 SANCTUARY PKWY STE 300 ALPHARETTA GA 30004	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, ROBERT J 4919 WEST LAUREL STREET TAMPA FL 33607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  REQUIRE Keith C. Groen Secretary 4-30-03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (10/02)

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