2002 UNIFORM BUSINESS REPORT (UBR)

Sep 30, 2002 8:00 am Secretary of State DOCUMENT # F00000005812 1. Entity Name 09-30-2002 90181 018 ***558 PRITCHARD INDUSTRIES (SOUTHEAST), INC. Principal Place of Business Mailing Address PRITCHARD INDUSTRIES. SOUTHEAST INC. PRITCHARD INDUSTRIES. SOUTHEAST INC 5805 LAGON DRIVE, SUITE S-185 1120 AVENUE OF THE AMERICAS MIAM! FL 33126 NEW YORK NY 10036 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 58-1927190 Not Applicable Country Zip Country \$8.75 Additional 5.-Certificate of Status Desired ... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE ☐ Addition NAME PRITCHARD, PETER D NAME STREET ADDRESS 1120 AVENUE OF AMERICAS STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10036-6761 CITY-ST-ZIP TITLE ☐ Delete TITI F DV Change ☐ Addition NAME PARODI, DOUGLAS NAME STREET ADDRESS 3715 NORTHSIDE PKWY., SUITE 450 STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30327 CITY-ST-ZIP DST Delete TITLE Change ☐ Addition NAME SQUERI, FRANK J NAME STREET ADDRESS 1120 AVENUE OF AMERICAS STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10036-6761 CITY-ST-ZIP TITLE ☐ Delete D۷ TITLE Change ☐ Addition NAME MANGUM, JIMMIE NAME STREET ADDRESS 216 BUSINESS CENTER DRIVE STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL 35244** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE. ☐ Delete TITLE

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 a other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

TO NAME OF SIGNING OFFICER OF DIRECTOR

RERANK J. SQUERT 9/27/02

☐ Change

Addition

FILED