

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006014

1. Entity Name

HEXALON REAL ESTATE, INC.

FILED

01 MAR -7 PM 3:39

Principal Place of Business

950 EAST PACES FERRY ROAD, SUITE 2275
ATLANTA GA 30326-1119

Mailing Address

950 EAST PACES FERRY ROAD, SUITE 2275
ATLANTA GA 30326-1119

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

900 N. Michigan Avenue →

3. Mailing Address

Suite, Apt. #, etc.

Suite 1500 →

Suite, Apt. #, etc.

City & State

Chicago, IL →

City & State

Zip

60611

Country

USA →

Zip

Country

4. FEI Number

58-1297864

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

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
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE PD ☐ Delete
NAME LETCHFORD, LEE M
STREET ADDRESS 950 EAST PACES FERRY ROAD, SUITE 2275
CITY-ST-ZIP ATLANTA GA 30326-1119

TITLE VD ☐ Delete
NAME WEAVER, DANIEL
STREET ADDRESS 950 EAST PACES FERRY ROAD, SUITE 2275
CITY-ST-ZIP ATLANTA GA 30326-1119

TITLE CD ☐ Delete
NAME EGAN, GERALD E
STREET ADDRESS 950 EAST PACES FERRY ROAD, SUITE 2275
CITY-ST-ZIP ATLANTA GA 30326-1119

TITLE VD ☐ Delete
NAME KOSTER, TIM C
STREET ADDRESS 950 EAST PACES FERRY ROAD, SUITE 2275
CITY-ST-ZIP ATLANTA GA 30326-1119

TITLE V ☐ Delete
NAME HEYSE, THOMAS F
STREET ADDRESS 950 EAST PACES FERRY ROAD, SUITE 2275
CITY-ST-ZIP ATLANTA GA 30326-1119

TITLE VAS ☐ Delete
NAME BAIR, SHARON E
STREET ADDRESS 950 EAST PACES FERRY ROAD, SUITE 2275
CITY-ST-ZIP ATLANTA GA 30326-1119

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Address for ALL ☒ Change ☐ Addition
Officers to the address
provided above.

☒ Change ☐ Addition
100003819451--9
-03/08/01--01104--001
***1276.25 ***150.00

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Daniel S. Weaver 2/20/01 (32) 915-1420

CR2E034 (10/00)

0445623