2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # F0000006161 1. Entity Name IXL. INC. 04-24-2001 90048 021 ***150.00 Principal Place of Business Mailing Address 1600 PEACHTREE STREET, N.W. 1600 PEACHTREE STREET, N.W. ATLANTA GA 30309 ATLANTA GA 30309 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 58-2265292 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 Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PCD Change ☐ Delete TITLE CD TITLE ELLIS, U. BERTRAM JR. NAME NAME STREET ADDRESS STREET ADDRESS 1600 PEACHTREE STREET, N.W. CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30309 ☐ Addition Change TCF0 ☐ Delete TITLE TITLE NAME NAME CASEY, MICHAEL STREET ADDRESS STREET ADDRESS 1600 PEACHTREE STREET, N.W. CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30309 COO x Delete TITLE Change Addition TITLE NAME_ SIKES, BARRY M NAME CHRISTOPHER M FORMANT STREET ADDRESS STREET ADDRESS 1600 PEACHTREE STREET, N.W. 1600 PEACHTREE ST NW CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30309 ATLANTA, GA 30309 Change ☐ Addition TITLE VAS Delete TITLE NAME STEELE, MARK NAME THEODORE W BROWNE STREET ADDRESS STREET ADDRESS 1600 PEACHTREE STREET, N.W. 1600 PEACHTREE ST NW CITY-ST-ZIP CITY-ST-7P ATLANTA GA 30309 <u>ATLANTA, GA 30309</u> □ Delete TITLE ☐ Change ☐ Addition TITLE / NAME BALLON, JONATHAN NAME STREET ADDRESS STREET ADDRESS 1600 PEACHTREE STREET, N.W. CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30309 Delete TITLE ☐ Change ☐ Addition TITLE NAME FOSTER, KEVIN NAME STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

1600 PEACHTREE STREET, N.W.

ATLANTA GA 30309

STREET ADDRESS

CITY-ST-ZIP

MICHAEL CASEY, TREASURER PED OR R INTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/01

(404) 279-1000