## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 03, 2002 8:00 am Secretary of State DOCUMENT # F01000001551 1. Entity Name PRE SOLUTIONS, INC. 05-03-2002 90027 022 \*\*\*150.00 Principal Place of Business Mailing Address 520 GUTHRIDGE COURT, SUITE 100 520 GUTHRIDGE COURT, SUITE 100 016166 NORCROSS GA 30092 NORCROSS GA 30092 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 58-2567918 Not Applicable Country Zip 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 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. SIGNATURE . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 2. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete PRESIDENT/LED TITLE. ☐ Change Addition NAME TRAVERSI, DAVID M HARRY J. GALLETLY 520 Enthridge court, Suite 100 NAME STREET ADDRESS 520 GUTHRIDGE COURT, SUITE 100 STREET ADDRESS CITY-ST-ZIP NORCROSS GA 30092 Norcross, GA 30092 CITY-ST-ZIP TITLE CFO - TEEASURER TITLE Change NAME .... STRATTON, CARL W JEFF HODGES NAME STREET ADDRESS 520 GUTHRIDGE COURT, SUITE 100 STREET ADDRESS 520 Guthridge Gt Ste 100 CITY-ST-ZIP NORCROSS GA 30092 CITY-ST-ZIP Norcross, EA 30092 TITLE ☐ Delete TITLE ONTROLLER SECRETARY Addition ☐ Change NAME WOODROOF, ALBERT C NAME ROBERT T. HADLEY, JR STREET ADDRESS 824 THIRD AVENUE STREET ADDRESS 500 tadhridge Of Ste 100 CITY-ST-ZIP **WEST POINT GA 31833** CITY-ST-ZIP Novcross, CA 30092 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME., .... ADAMS, BRYAN W NAME STREET ADDRESS 3300 20TH AVENUE STREET ADDRESS CITY-ST-ZIP VALLEY AL 36854 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LANIER, CAMPBELL B III NAME STREET ADDRESS 3300 20TH AVENUE STREET ADDRESS CITY-ST-7IP VALLEY AL 36854 CITY-ST-7IP TITLE ☐ Delete

13. Thereby certify that the information supplied with this filling 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

STREET ADDRESS

TITLE

NAME

SIGNATURE:

MILLER, GEORGE M III

3300 20TH AVENUE

VALLEY AL 36854

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Addition

CR2E034 (9/01)