

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90108 015 \*\*\*150.00

<b>DOCUMENT #</b> F01000004233
<b>1. Entity Name</b> ACUITY SPECIALTY PRODUCTS GROUP, INC.

<b>DO NOT WRITE IN THIS SPACE</b>
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<b>2. Principal Place of Business</b> DE Suite, Apt. #, etc. 1170 PEACHTREE STREET NE City & State ATLANTA GA Zip 30309	<b>3. Mailing Address</b> 1170 Peachtree St NE Suite, Apt. #, etc. Suite 2400 City & State Atlanta, GA Zip 30309
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<b>4. FEI Number</b> 58-2633373	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

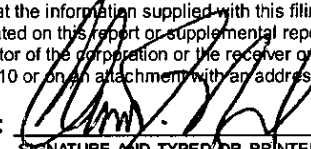
<b>7. Name and Address of Current Registered Agent</b> Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL Zip Code 32301
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<b>8. The above named entity submits this statement for the 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.</b>
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<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	P JAMES H. HEAGLE 1170 PEACHTREE ST NE #2400 ATLANTA, GA 30309	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VPD VERNON J. NAGEL 1170 PEACHTREE ST NE #2400 ATLANTA, GA 30309	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	S HELEN D. HAINES 1170 PEACHTREE ST NE #2400 ATLANTA, GA 30309	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	T C. DAN SMITH 1170 PEACHTREE ST NE #2400 ATLANTA, GA 30309	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D JAMES S. BALLOUN 1170 PEACHTREE ST NE #2400 ATLANTA, GA 30309	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D KENYON MURPHY 1170 PEACHTREE ST NE #2400 ATLANTA, GA 30309	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	

<b>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 on an attachment with an address, with all other like empowered.</b>
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<b>SIGNATURE:</b>  <b>VERNON J. NAGEL</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>4/8/03</b> Date	<b>404-853-1426</b> Daytime Phone #
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