FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State
04-15-2003 90108 016 ***150.00

DOCUMENT # F01000004409

1. Entity Name
ACUITY LIGHTING GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
DE	1170 Peachtree St NE
Suite, Apt. #, etc.: 1170 PEACHTREE STREET NE	Suite, Apt. #, etc.: Suite 2400
City & State: ATLANTA GA	City & State: Atlanta, GA
Zip: 30309 Country: US	Zip: 30309 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 58-2633371 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
City: Tallahassee **FL** Zip Code: 32301

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	KEN HONEYCUTT	NAME	
STREET ADDRESS	1170 PEACHTREE ST NE #2400	STREET ADDRESS	
CITY - ST - ZIP	ATLANTA, GA 30309	CITY - ST - ZIP	
TITLE	VPD	TITLE	
NAME	VERNON J. NAGEL	NAME	
STREET ADDRESS	1170 PEACHTREE ST NE #2400	STREET ADDRESS	
CITY - ST - ZIP	ATLANTA, GA 30309	CITY - ST - ZIP	
TITLE	S	TITLE	
NAME	HELEN D. HAINES	NAME	
STREET ADDRESS	1170 PEACHTREE ST NE #2400	STREET ADDRESS	
CITY - ST - ZIP	ATLANTA, GA 30309	CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE	T	TITLE	
NAME	C. DAN SMITH	NAME	
STREET ADDRESS	1170 PEACHTREE ST NE #2400	STREET ADDRESS	
CITY - ST - ZIP	ATLANTA, GA 30309	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	JAMES S. BALLOUN	NAME	
STREET ADDRESS	1170 PEACHTREE ST NE #2400	STREET ADDRESS	
CITY - ST - ZIP	ATLANTA, GA 30309	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	KENYON MURPHY	NAME	
STREET ADDRESS	1170 PEACHTREE ST NE #2400	STREET ADDRESS	
CITY - ST - ZIP	ATLANTA, GA 30309	CITY - ST - ZIP	

CR2E034B (12/02)

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.

SIGNATURE: _____ VERNON J. NAGEL 4/8/03 404-853-1426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1