2006 FOR PROFIT CORPORATION . ANNUAL REPORT (AR)

Susan

SIGNATURE:

Mar 10, 2006 08:00 AM DOCUMENT # F03000003040 **Secretary of State** 1. Emily Name THE HALLMARK COMPANIES, INC. Principal Place of Business Mailing Address 3111 PACES MILL ROAD, SUITE A-250 3111 PACES MILL ROAD, SUITE A-250 ATLANTA GA 30339 ATLANTA GA 30339 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 58-2342469 Not Applicat Ζίρ Country Zia Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ADAMS, SUSAN Street Address (P.O. Box Number is Not Acceptable) HALLMARK GROUP SERVICES OF FLA. LLC 4040 NEWBERRY ROAD, SUITE 1000 GAINESVILLE FL 32607 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. I am familiar with, and access the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signsture required when recessating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE ☐ Change Addition NAME PETERSEN, MARTIN H MAME D00000462491 STREET ADDRESS 3111 PACES MILL ROAD, SUITE A-250 STREET ADDRESS 03/21/06-80038-013 158.75 CITY-ST-ZIP ATLANTA GA 30339 CITY-ST-ZIP TITLE □ Delete TIPLE ☐ Change Addition NAME PENCE, JOHN D NAME STREET ADDRESS STREET ADDRESS 3111 PACES MILL ROAD, SUITE A-250 CITY-ST-27P CITY-ST-ZIP ATLANTA GA 30339 Change ☐ Addition DILE ☐ Detete TITLE CASEY, SANDRA P STREET ADDRESS 3111 PACES MILL ROAD, SUITE A-250 STREET AGGRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30339 TITLE ☐ Defete Стапре Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Defete ☐ Change DTLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY - ST - ZIP 1)71E ☐ Delete Ditt ☐ Change ☐ Addition HAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 if changed, or on an attachment with an address, with all other like empowered

FILED

<u>3-2-06</u>