2012 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 25, 2012
Secretary of State

DOCUMENT# F11000003913

Entity Name: UNITED COMMUNITY BANK

Current Principal Place of Business:

177 HIGHWAY 515 EAST
BLAIRSVILLE, GA 30512

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 398
BLAIRSVILLE, GA 30514

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: MARIE EDWARDS, ASSISTANT SECRETARY

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C P
Name: TALLENT, JIMMY C
Address: P.O. BOX 398
City-St-Zip: BLAIRSVILLE, GA 30514

Title: D
Name: NELSON, JR., W.C.
Address: P.O. BOX 398
City-St-Zip: BLAIRSVILLE, GA 30514

Title: D
Name: HEAD, JR., ROBERT L
Address: P.O. BOX 398
City-St-Zip: BLAIRSVILLE, GA 30514

Title: D
Name: BLALOCK, ROBERT
Address: P.O. BOX 398
City-St-Zip: BLAIRSVILLE, GA 30514

Title: D
Name: COX, CATHY
Address: P.O. BOX 398
City-St-Zip: BLAIRSVILLE, GA 30514

Title: S
Name: MCKAY, LORI
Address: P.O. BOX 398
City-St-Zip: BLAIRSVILLE, GA 30514

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LORI MCKAY S 10/25/2012

Electronic Signature of Signing Officer or Director — Date