2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # F92000000263 1. Entity Name **ROBINS & MORTON CORPORATION** 05-02-2001 90198 023 ***150.00 Principal Place of Business Mailing Address 400 SHADES CREEK PKWY PO BOX 59289 STE 200 **BIRMINGHAM AL 35259** BIRMINGHAM AL 35209 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 63-1076742 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 J) K Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE PD NAME NAME GORDON, WAYNE STREET ADDRESS 400 SHADES CREEK PKWY, STE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35209** ☐ Change ☐ Addition ☐ Delete STD TITLE NAME GORDON, WAYNE NAME STREET ADDRESS STREET ADDRESS 400 SHADES CREEK PKWY., 200 CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35209** Change Addition TITLE ☐ Delete TITLE ۷D NAME NAME MORTON, BILL STREET ADDRESS STREET ADDRESS 400 SHADES CREEK PKWY., 200 CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35209** Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP n 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 mental eport 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 trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied indicated on this report or supplemental of the corporation or the receiver or trus

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne Gordon