2001 UNIFORM BUSINESS REPORT (UBR)

Jan 25, 2001 8:00 am Secretary of State DOCUMENT # F9300002324 PRIME ENGINEERING, INC. OF GEORGIA 01-25-2001 90234 047 ***150.00 Principal Place of Business Mailing Address 3500 PEIDMONT ROAD 3500 PIEDMONT ROAD **SUITE 701** SUITE 701 ATLANTA GA 30305 ATLANTA GA 30305 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 58-1876426 Not Applicable \$8.75 Additional Zip Country Country 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) 3670 MAGUIRE BLVD. ORLANDO FL 32803 City Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PCD ☐ Addition TITLE TITLE ☐ Delete GAMBINO, THOMAS D NAME NAME 3500 PIEDMONT RD., SUITE 701 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ATLANTA GA ☐ Change ☐ Addition ☐ Delete TITLE TITLE GAMBINO, AMELIA R NAME NAME STREET ADDRESS 3500 PIEDMONT RD., SUITE 701 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA ☐ Change ☐ Addition TITLE ☐ Delete TITLE CHAMRAU, JEAN-LOU NAME NAME STREET ADDRESS 3500 PIEDMONT RD, SUITE 701 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ATLANTA GA 30305 ☐ Addition TITLE ☐ Delete TITLE Change WILSON, JOHN T NAME NAME STREET ADDRESS 3500 PIEDMONT RD., SUITE 701 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA ☐ Delete TITLE Change ☐ Addition STORM, JOHN NAME NAME 3500 PIEDMONT ROAD SUITE 701 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30305 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 entrowered to describe this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with a laddress, with all object like empriwered.

SIGNATURE:

FILED