2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # F93000004526 Jul 25, 2000 8:00 am **Secrétary of State** AGP ACQUISITION CORP. 07-25-2000 90097 022 ***550.00 Principal Place of Business Mailing Address 1900 INTERNATIONAL PK. DR. 1900 INTERNATIONAL PK. DR. STE. 220 STE. 220 BIRMINGHAM AL 35243 **BIRMINGHAM AL 35243** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Act. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3203461 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. **Z** Delete President Change TITLE TITLE Kent. Thomas NAME TEEL. KERRY G NAME International Park on Suite 207 STREET ADDRESS STREET ADDRESS 1900 INTERNATIONAL PK. DR. CITY-ST-ZIP CITY-ST-7IP Dirminglyam, 41 35243 **BIRMINGHAM AL 35243** Delete ☐ Change __ Addition TITLE NAME MCLEAN, EMMETT E NAME STREET ADDRESS 1900 INTERNATIONAL PK. DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35243** Delete ☐ Change ☐ Addition TITLE TITLE NAME. STEWART, DOYLE H NAME 🔍 🚉 ... STREET ADDRESS 1900 INTERNATIONAL PK. DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35243** ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

3. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEROR DIRECT

Date

Daytime Phone #

1,42E0(14 (15/00)