FILED

DOCUMENT # F94000001333 Apr 17, 2000 8:00 am Secretary of State 1. Entity Name THE CONLAN COMPANY 01-27-2000 90112 036 ***150.00 Principal Place of Business Mailing Address 1800 PARKWAY PLACE 1800 PARKWAY PLACE SUITE 1010 STE 1010 MARIETTA GA 30067-8248 MARIETTA GA 33067 us US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEi Number City & State 58-1751974 Not Applicable \$8.75 Additional Zio Country Zip Country 5. Certificate of Status Desired . Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD PLANTATION FL 33324 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 (NOTE: Registered Agent signature required when reinstating) 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 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ★ Addition CP PRESIDENT ☐ Delete пπе VICE PRESIDENT TITLE HAME CONDRON, GARY NAME DAVID A STALEY STREET ADDRESS STREET ACIDRESS 1800 PARKWAY PLACE, SUITE 1010 1800 PARKWAY PLACE, SUITE 1010 CITY-ST-Z28 CITY-ST-ZIP MARIETTA, GA 30067 VICE PRESIDENT STUART M. PRICE MARIETTA GA 33087 Change 🔀 Addition VICE PRESIDENT Deleta TITLE VAUGHAN, JOSEPH NAME NAME STREET ADDRESS 1800 PARKWAY PLACE, SUITE 1010 STREET ADDRESS 1800 PARKWAY PLACE, SUITE 1010 CITY-ST-ZIP CITY-ST-2IP MARIETTA GA 33067 VICE PRESIDENT TITI É Delete DTI 5 TURPIN, KEVIN R. NAME NAME

STREET ADDRESS 1800 PARKWAY PLACE, SUITE 1010 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARIETTA GA 33067 ☐ Change Addition SECRETARY/TREAS. ☐ Delete TITLE SEYMOUR, ANN B NAME NAME STREET ADDRESS 1800 PARKWAY PLACE, SUITE 1010 STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P MARIETTA GA 33067 Change ncilibbA [] Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE . TITLE NAME STREET ADDRESS STREET ADDRESS 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 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 attaanment with an address, with all other like empowered.

SIGNATURE:

SEYMOUR

770-423-8000

1/18/00