2004 FOR PROFIT CORPORATION

May 03, 2004 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # F94000001333 05-03-2004 91240 042 ***150.00 1. Entity Name THE CONLAN COMPANY Principal Place of Business Mailing Address 24067209 1800 PARKWAY PLACE 1800 PARKWAY PLACE **SUITE 1010** STE 1010 MARIETTA, GA 33067 MARIETTA, GA 33067 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282004 Chq-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 58-1751974 Not Applicable Zio Country Country \$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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD PLANTATION, FL 33324 Zip Code 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE **∑**Change Addition CONDRON, GARY NAME NAME 1800 PARKWAY PLACE, SUITE 1010 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARIETTA, GA 33067 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME VAUGHAN, JOSEPH STREET ADDRESS 1800 PARKWAY PLACE, SUITE 1010 STREET ADDRESS MARIETTA, GA 33067 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE TURPIN, KEVIN R. NAME NAME STREET ADDRESS 1800 PARKWAY PLACE, SUITE 1010 STREET ADDRESS CITY-ST-ZIP MARIETTA, GA 33067 CITY-ST-ZIP Change Delete Addition TITLE TITLE SEYMOUR, ANN B NAME NAME STREET ADDRESS 1800 PARKWAY PLACE, SUITE 1010 STREET ADDRESS ravietta GA 30067 CITY-ST-ZIP MARIETTA, GA 33067 CITY-ST-ZIP Delete Change Addition TITLE TITLE Staley, David STANLEY, DAVID NAME STREET ADDRESS STREET ADDRESS 1800 PARKWAY PLACE SUITE 1010 CITY-ST-ZIP CITY-ST-ZIP MARIETTA, GA 30067 TITLE Delete TITLE □ Change ☐ Addition PRICE, STUART M NAME NAME STREET ADDRESS 1800 PARKWAY PLACE SUITE 1010 STREET ADDRESS CITY-ST-ZIP MARIETTA, GA 30067 CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with agraddress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR A. Kennedy 428/04

FILED