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2002 UNIFORM BUSINESS REPORT (UBR)

C

DOCUMENT # F94000006547

1. Entity Name

ALEXANDER PROPERTIES GROUP, INC.

Principal Place of Business	Mailing Address
2300 PEACHFORD ROAD. NE. SUITE 2210 ATLANTA GA 30338	2300 PEACHFORD ROAD. NE. SUITE 2210 ATLANTA GA 30338

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2299 Perimeter Park Drive
Suite, Apt. #, etc. 150
City & State Atlanta, GA
Zip 30341   Country USA

3. Mailing Address
2299 Perimeter Park Drive
Suite, Apt. #, etc. 150
City & State Atlanta GA
Zip 30341   Country USA

4. FEI Number 58-1542369   Applied For   Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE C NAME ALEXANDER, ANDY STREET ADDRESS 5105 CHEDWORTH DRIVE CITY-ST-ZIP STONE MOUNTAIN GA 30087	☐ Delete	TITLE NAME STREET ADDRESS 2299 Perimeter Park Dr, Suite 150 CITY-ST-ZIP Atlanta, GA 30341	☒ Change ☐ Addition
TITLE VC NAME ALEXANDER, PETE C STREET ADDRESS 6240 WESTCHESTER PLACE CITY-ST-ZIP CUMMING GA 30130	☐ Delete	TITLE NAME STREET ADDRESS 2299 Perimeter Park Dr, Suite 150 CITY-ST-ZIP Atlanta, GA 30341	☒ Change ☐ Addition
TITLE P NAME MANN, CURT STREET ADDRESS 774 SPRINGDALE RD CITY-ST-ZIP ATLANTA GA 30306	☐ Delete	TITLE NAME STREET ADDRESS 2299 Perimeter Park Dr, Suite 150 CITY-ST-ZIP Atlanta, GA 30341	☒ Change ☐ Addition
TITLE AS NAME CHERRY, JAMES P STREET ADDRESS 345 CAMERON RIDGE DR CITY-ST-ZIP ATLANTA GA 30328	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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 attachment with an address, with all other like empowered.

SIGNATURE: _____   3/11/02   770-455-4567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #