2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2002 8:00 am Secretary of State DOCUMENT # F95000003024 1. Entity Name 05-08-2002 90021 029 ***150.00 SGT CORP. Principal Place of Business Mailing Address 5775 PEACHTREE DUNWOODY RD., STE 175-D 5775 PEACHTREE DUNWOODY RD., STE 175-D ATLANTA GA 30342 ATLANTA GA 30342 2. Principal Place of Business 3. Mailing Address 24 Johnson Ferry RdN 24 Johnson Ferryldate Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 58-2181028 Atlanta Atlan<u>ta</u> Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П USH LSA. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 Signature, typed or printed name of registered agent and title if applicable. (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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01 TITLE ☐ Delete TITLE Change ☐ Addition GREENFIELD, GREGORY NAME NAME 124 Johnson Ferry Rd, NE STREET ADDRESS 5775 PEACHTREE DUNWOODY RD., STE 175-D STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30342 CITY-ST-ZIP Atlanta, GA 30328 ا معاده و او د دولا سه د و و هووم در درام TITLE " 🗀 Delete TITLE ☐ Addition STRAUSS, RICK NAME NAME 124 Johnson Ferry Rd, NE STREET ADDRESS 5775 PEACHTREE DUNWOODY RD SUITE 175-D STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30342 Atlanty GA 30328 TITLE D Delete TITLE **Change** ☐ Addition NAME ALLEN, MITCHELL NAME 124 Johnson Ferry Rd, NE STREET ADDRESS STREET ADDRESS 5775 PEACHTREE DUNWOODY RD., STE 175-D CITY-ST-ZIP CITY-ST-7IP ATLANTA GA 30342 A+ 12114 GA 30328 TS Change TITLE ☐ Delete TITLE ☐ Addition NAME BROWN, JR., WILLIAM G NAME 124 Johnson Ferryrd, NE STREET ADDRESS 5775 PEACHTREE DUNWOODY RD., STE 175-D STREET ADDRESS CITY-ST-70 ATLANTA GA 30342 CITY-ST-7IP マンカギ じてんかんけいぶん かいかなび デ , ... Delete TITLE TITLE ☐ Addition CHESTIEN, CRICCHY NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 repeiver 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #