FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

F95000004435 (2)

VALUEMARK MANAGEMENT CORPORATION

Principal Place of Business Mailing Address **300 GALLERIA PARKWAY** 300 GALLERIA PARKWAY STE 650 **STE 650** ATLANTA GA 30339 ATLANTA GA 30339

FILED May 12 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/12/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 58-2191051 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıρ Country 8. This corporation owes or has paid the current year Intangible 24 29 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM Name 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature typed or printed name of regulered againt and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE **PSTD** DELETE 1.1 TITLE ☐ Change ☐ Addition MORRIS, J.T. NAME 1.2 NAME 300 GALLERIA PKWY, SUITE 650 STREET ADDRESS 1.3 STREET ADDRESS ATLANTA GA CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE AS 2.1 TITLE Change ☐ Addition ORTH, JEROME D NAME 2.2 NAME 300 GALLERIA PKWY, STE 650 STREET ADDRESS 2.3 STREET ADDRESS ATLANTA GA CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE Change KAME MCAFEE JR. JAMES T 3.2 NAME 300 GALLERIA PKWY, STE 650 STREET ADDRESS 3.3 STREET ADDRESS ATLANTA GA CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-SY-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST- ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 13 if changed, or or an attachment with an address.

SIGNATURE:

04/28/08