2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 01, 2001 8:00 am DOCUMENT # F96000002287 **Secretary of State** 1. Entity Name OLH INTERNATIONAL, INC. 02-01-2001 90109 031 ***158.75 Principal Place of Business Mailing Address 57 FORSYTH ST., #1300 57 FORSYTH ST., #1300 ATLANTA GA 30303 ATLANTA GA 30303 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 58-2054140 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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 RD. PLANTATION FL 33324 Zip Code City 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, 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 \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITI F ☐ Detete TITLE HARRIS, OSCAR L JR NAME NAME 2935 BENJAMIN E. MAYS DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30311 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE HARRIS, OSCAR L NAME NAME 57 FORSYTH ST., #1300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30303 CITY-ST-ZIP ☐ Change Addition TITLE Delete _ TITLE GRAVES, JAMES W NAME NÁMÉ 57 FORSYTH ST., #1300 STREET ADDRESS STREET ADDRESS ATLANTA GA 30303 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition GREER, MARVON NAME 57 FORSYTH ST. #1300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30303 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition SCHAEFER, JOSEPH P NAME NAME 57 FORSYTH ST. #1300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30303 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF 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 attachment with an address, with all other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR