

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90029 041 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name F96000002855 ACSR, Inc.	
DO NOT WRITE IN THIS SPACE	
427560	
DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 2700 Highway 280 East Suite, Apt. #, etc. Suite 110E	
3. Mailing Address 2700 Highway 280 East Suite, Apt. #, etc. Suite 110E	
City & State Birmingham, AL	
City & State Birmingham, AL	
4. FEI Number 63-1162642	
Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name CT Corporation System	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	
City Plantation FL Zip Code 33324	
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 NA (NOTE: Registered Agent signature required when re-registering)	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP C Kenneth W. Oliver 2700 Highway 280 East, Suite 110E Birmingham, AL 35223	
TITLE NAME STREET ADDRESS CITY - ST - ZIP S Colin H. Luke 2700 Highway 280 East, Suite 110E Birmingham, AL 35223	
TITLE NAME STREET ADDRESS CITY - ST - ZIP CFO G. Russell Smith 2700 Highway East, Suite 110E Birmingham, AL 35223	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.	
SIGNATURE: Colin H. Luke, Secretary 03/04/02 205-802-7872 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E034B (12/01)