## √2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** DOCUMENT # F96000004120 Mar 07, 2000 8:00 am 1. Entity Name **Secretary of State** PERMATHERM, INC. 03-07-2000 90082 027 \*\*\*150.00 Mailing Address Principal Place of Business 269 INDUSTRIAL PK RD 269 INDUSTRIAL PK RD MONTICELLO GA 31064-1198 MONTICELLO GA 31064 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 58-1720826 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change - Addition TITLE TITLE Delete SWORDS, MILTON L NAME NAME STREET ADDRESS 2905 EBENEZER RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CONYERS GA 30208 Change ☐ Addition ☐ Delete TITLE TITLE NAME CHILDERS, TERRY R NAME STREET ADDRESS STREET ADDRESS 100 WINDING WAY CITY-ST-ZIP CITY-ST-ZIP FAYETTEVILLE GA 30214 ☐ Change Delete TITLE ☐ Addition TITLE LESTER, MARK J NAME NAME STREET ADDRESS 4051 NA AH TEE TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LITHONIA GA 30058 TITLE T∃ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

MARK J. Lesten TREASUREN 2/11/00 706-468-7500
FICER OR DIRECTOR
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