## **FILED** 2001 UNIFORM BUSINESS REPORT (UBR) Feb 07, 2001 8:00 am DOCUMENT # F96000004669 **Secretary of State** 1. Entity Name SHAW RETAIL PROPERTIES, INC. 02-07-2001 90156 045 \*\*\*150.00 Principal Place of Business Mailing Address 616 E WALNUT AVE PO DRAWER 2128 **DALTON GA 30722-2128** DALTON GA 30722-2128 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 58-2242176 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 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, 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. Addition TITLE Delete TITLE ☐ Change NAME ROLLINS, CARL P NAME STREET ADDRESS STREET ADDRESS 1602 SOUTHMONT DR. CITY-ST-ZIP CITY-ST-7IP DALTON GA 30720 ☐ Addition TITLE ☐ Delete Change | TITLE NAME DOBBINS, CHARLES N NAME STREET ADDRESS STREET ADDRESS 1904 WYCLIFF CITY-ST-ZIP CITY-ST-ZIP DALTON GA 30720 Gerald R. Embry 1708 Violet Way Addition TITI F Delete TITI F ☐ Change HOSKINS, DOUGLAS H NAME NAME STREET ADDRESS STREET ADDRESS 1708 BRIARCLIFF CIRCLE CITY-ST-ZIP C/TY-SI-ZIP Dalton GA 30720 DALTON GA 30720 ☐ Addition TITLE Delete TITLE ☐ Change NAME LAUGHTER, BENNIE M NAME STREET ADDRESS STREET ADDRESS 4004 MILLSTONE CIRLCE CITY-ST-ZIP CITY-ST-ZIP **ROCKY FACE GA 30740** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME BELL, VANCE D NAME STREET ADDRESS STREET ADDRESS 202 S GOOSHILL RD CITY-ST-ZIP CITY-ST-7IP ROCKY FACE GA 30740 ☐ Change ☐ Addition ☐ Delete TITLE TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SEMING OFFICER OR DIRECTOR

24 Jan 01

704-278-3812

Daytime Phone #