**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 19, 2002 8:00 am F96000004669 DOCUMENT # **Secretary of State** 1. Entity Name 02-19-2002 90003 043 \*\*\*150.00 SHAW RETAIL PROPERTIES, INC. Principal Place of Business Mailing Address 616 E WALNUT AVE PO DRAWER 2128 DALTON GA 30722-2128 **DALTON GA 30722-2128** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 58-2242176 Not Applicable Zip Country 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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET **SUITE 105** TALLAHASSEE FL 32301 City Zip Code 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, 2002 Fee will be \$550.00 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. CR2E034 (9/01) ☐ Addition TITLE ☐ Delete TITLE ROLLINS, CARL P NAME NAME 6014 WOODS POINT STREET ADDRESS 1602 SOUTHMONT DR. STREET ADDRESS CITY-ST-ZIP DALTON GA 30720 CITY-ST-ZIP ROCKY FACE, GA 30740 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME DOBBINS, CHARLES N STREET ADDRESS STREET ADDRESS 1904 WYCLIFF CITY-ST-ZIP CITY-ST-ZIP DALTON GA 30720 ▼ Delete Change ▼ Addition TITLE TITLE NAME rierald R. Embry NAME LAUGHTER, BENNIE M STREET ADDRESS STREET ADDRESS MOS VIOLET WAY 4004 MILLSTONE CIRLCE CITY-ST-ZIP CITY-ST-ZIP Dalton BA 3072 ROCKY FACE GA 30740 M Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME BELL, VANCE D STREET ADDRESS STREET ADDRESS 202 S GOOSHILL RD CITY-ST-ZIP **ROCKY FACE GA 30740** CITY-ST-ZIP ☐ Change ■ Delete TITI F ☐ Addition TITLE NAME NAME EMBRY, GERALD R STREET ADDRESS STREET ADDRESS 1708 VIOLET WAY CITY-ST-ZIP DALTON GA 30720 CITY-ST-ZIP Delete X:Addition TITLE TITLE Kemeth G. Jackson NAME NAME 5536 mountain Breeze Drue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W 3742 13. I hereby certify that the information supplied with this filling 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CERAU)

706 278.3812