FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07 1998 8:00am
Secretary of State

DOCUMENT # F96000004749

1. Corporation Name

LUKER INC.

[redacted]

Principal Place of Business	Mailing Address
244 PERIMETER CENTER PARKWAY. NE P.O. BOX 2210 ATLANTA GA 30301	244 PERIMETER CENTER PARKWAY. NE P.O. BOX 2210 ATLANTA GA 30301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 9/16/96

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 58-1034573 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, if changing Registered Agent, and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C/D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	Bekkers, John		1.2 NAME		
STREET ADDRESS	9435 Redbird Lane		1.3 STREET ADDRESS		
CITY-ST-ZIP	Alpharetta, GA 30202		1.4 CITY-ST-ZIP	Alpharetta, GA 30022-5549	
TITLE	P/D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Smith, S. Troy		2.2 NAME		
STREET ADDRESS	2409 Central Avenue		2.3 STREET ADDRESS		
CITY-ST-ZIP	Augusta, GA 30904		2.4 CITY-ST-ZIP		
TITLE	CEO/D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Brower, Paul G.		3.2 NAME		
STREET ADDRESS	3541 Township Valley Ct., NE		3.3 STREET ADDRESS		
CITY-ST-ZIP	Marietta, GA 30066		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Wehner, John J.		4.2 NAME		
STREET ADDRESS	3342 Quaker Spring Rd.		4.3 STREET ADDRESS		
CITY-ST-ZIP	Augusta, GA 30907		4.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	5.1 TITLE	S	☐ Change ☒ Addition
NAME	Lawing, Jack L.		5.2 NAME	Dyson, J. David	
STREET ADDRESS	80 Stratford Place, NE		5.3 STREET ADDRESS	601 Densley Drive	
CITY-ST-ZIP	Atlanta, GA 30342		5.4 CITY-ST-ZIP	Decatur, GA 30033	
TITLE	T/D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Gibbons, Peter J.		6.2 NAME	100002520 1FI -05/12/98--01042--021 ***150.00	
STREET ADDRESS	7545 Ball Mill Road		6.3 STREET ADDRESS		
CITY-ST-ZIP	Dunwoody, GA 30350		6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peter J. Gibbons, Treasurer 4/17/98 (770) 393-5273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E031 (1/97)