FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # F96000006579 KOTTMANN, INC. 04-10-2001 90004 026 ***150.00 Principal Place of Business Mailing Address 2301 GALLOWS RD #215 2301 GALLOWS RD #215 **DUNN LORING VA 22027** DUNN LORING VA 22027 ひんてひんひ 2. Principal Place of Business 3. Mailing Address 2301 GALLOWS ROAD 2301 GALLOWS ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 200 SUITE 200 City & State City & State 4. FEI Number 58-1814074 Applied For DUNN LORING, VA DUNN LORING, Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 22027 22027 USA Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURLINGAME, JOHN Street Address (P.O. Box Number is Not Acceptable) 8401 NW 53RD TERR, MACON BLDG 100 MIAMI FL 33166 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 it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DCP CHZE034 (10/00) TITLE Delete TITLE X Change ☐ Addition DCP KOTTMANN, RICHARD NAME NAME KOTTMANN, RICHARD 692 TALEMWOOD CT STREET ADDRESS STREET ADDRESS 4375 BUYCK ROAD LAWRENCEVILLE GA 30244 CITY-ST-ZIP CITY-ST-ZIP TITUS, AL 36080 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MCDONALD, ROY NAME NAME 10711 MILLER RD STREET ADDRESS STREET ADDRESS **OAKTON VA 22124** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CIANFLONE, JOHN NAME NAME 7 2144 HOLT ST STREET ADDRESS STREET ADDRESS VIENNA VA 22180 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 Block 12 if

SECRETARY/TREASURER SIGNATURE: 03/27/01 703-849-8495 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

changed, or on an attachment with an address, with all other like empowered.