2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # F9600006817 Mar 04, 2000 8:00 am **Secretary of State** SWANACRES CORPORATION 03-04-2000 90083 008 ***150.00 Mailing Address Principal Place of Business C/O TMW REAL ESTATE MANAGEMENT C/O TMW REAL ESTATE MANAGEMENT 5500 INTERSTATE NORTH PARKWAY, SUITE 220 5500 INTERSTATE NORTH PARKWAY, SUITE 220 ATLANTA GA 30328-4662 ATLANTA GA 30328-4662 2. Principal Place of Business 3. Mailing Address Two Ravinia Drive <u>Two Ravinia Drive</u> Suite, Apt. #, etc. Suite 400 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 400 Applied For City & State City & State 4. FEI Number 52-2009211 Not Applicable Atlanta, Georgi<u>a</u> <u>Atlanta, Georgia</u> Country \$8.75 Additional 5.-Certificate of Status Desired 30346-2104 Fee Required USA 30346-2104 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 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, 2000 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 12. 11. ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME CAMPBELL, KENNETH A STREET ADDRESS STREET ADDRESS 5500 INTERSTATE N PKWY #200 CITY-ST-ZIP CITY-ST-7(P <u>ATLANTA GA 30328-4662</u> Change Addition TITLE ☐ Delete TITLE NAME NAME MCWHIRTER, THOMAS R JR STREET ADDRESS STREET ADDRESS 5500 INTERSTATE N PKWY #200 CITY-ST-ZIP CITY-ST-7IP ATLANTA GA 30328-4662 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TIT! F 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-ZIE Change Delete TITLE ☐ Addition TITLE 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 experienced 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. enneth JA. Campbell

NAME OF SIGNING OFFICER OR DIRECTOR

ED OR PRINTED