2001 UNIFORM BUSINESS REPORT (UBR) Feb 28, 2001 8:00 am **DOCUMENT#** F96000006817 Secretary of State 1. Entity Name Swanacres Corporation 02-28-2001 90104 020 ***150.00 Principal Place of Business Mailing Address c/o TMW Real Estate Management same A0026145 Two Ravinia Drive, Suite 400 Atlanta, GA 30346-2106 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 52-2009211 City & State Applied For 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 Name Corporation Service Company 1201 Hays Street Street Address (P.O. Box Number is Not Acceptable) Tallahassee, FL 32301-2525 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150,00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be 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 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P TITLE ☐ Delete TITLE CR2E034 (11/00) Change ☐ Addition NAME Campbell, Kenneth A. NAME STREET ADDRESS STREET ADDRESS Two Ravinia Drive, Suite 400 CITY-ST-ZIP CITY-ST-ZIP <u>Atlanta, GA 30346-2104</u> TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME McWhirter, Thomas F., Jr. STREET ADDRESS STREET ADDRESS Two Ravinia Drive, Suite 400 CITY-ST-ZIP CITY-ST-ZIP Atlanta, GA 30346-2104 TITI F ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 n address, with all other like empowered

Kenneth A. Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

770-481-3000

Daytime Phone #