

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90107 044 ***150.00

DOCUMENT # F96000006817

1. Entity Name

Swanacres Corporation ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Two Ravinia Drive

Suite, Apt. #, etc.

Suite 400

City & State

Atlanta, GA

3. Mailing Address
Two Ravinia Drive

Suite, Apt. #, etc.

Suite 400

City & State

Atlanta, GA

Zip
30346-2104

Country
USA

Zip
30346-2104

Country
USA

4. FEI Number
52-2009211

Applied For
Not Applicable

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

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822190

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City Tallahassee FL Zip 32301-2525

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE P
NAME Kenneth A. Campbell
STREET ADDRESS Two Ravinia Drive, Suite 400
CITY- ST- ZIP Atlanta, GA 30346-2104

TITLE V
NAME Thomas F. McWhirter, Jr.
STREET ADDRESS Two Ravinia Drive, Suite 400
CITY- ST- ZIP Atlanta, GA 30346-2104

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other live empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth A. Campbell

Date

Daytime Phone

1/31/02 770-481-3000

CR2E034B (12/01)