FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

STREET ADDRESS

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CITY-ST-ZIP

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NAME

NAME

530 Beacon Parkway W #900

Birmingham, AL 35209

CFO Greg Thompson

Anderson, SC 29625

107 Service Road

FILED May 16, 2002 8:00 am Secretary of State

DOCUMENT # F96000006879						05-16-2002 90038 013 ***550.00				
•	HE PRODUCTS COMPANY	300040	' '							
	DO NOT WRITE	IN THIS S	PAC	E		Do.				
	Place of Business	3. Mailing Address				801	048	88		
4500 South Frontage Rd Suite. Apt. #, etc		107 Service Road Suite, Apt. #. etc.				DO NOT WRITE IN THIS SPACE				
City & Stat Lakela	e and, FL	City & State Anderson, SC			4. 1	FEI Number Applied For 59–2732589 Not Applied			7	
Zip Country 33815		Zip Cou 29625		stev		Certificate of Status Desired	\$8.75 Fee Re	5 Additional equired	7	
						7. Name and Address of Current Registered Agent			1	
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	DO NOT W	RITE			McNe				-	
						Box Number is Not Acceptable) Frontage Rd				
	IN THIS SF	ACE		4,000	Souti	I FIOIILASS NO			1	
				0:- 4 -			71	Carte	4	
	•			Cit_Lake1	Land	FL	- 210	33815		
8 The above	named entity submits this statement fo	the purpose of changing i	ts reaister	ed office or req	istered ag	ent, or both, in the State of Florida.	•		٦	
0. 1110 00070.			.,	J	3	•				
SIGNATURE .	==									
SIGNATURE .	Signature, typed or printed name is registered agent	end fille if applicable. (NO	OTE: Registere	d Agent Signature (e)	jaired when re	elestating) DATE				
9. This corporation is eligible to satisfy its intanglole I ax filling requirement and elects to do so. After May 1, Amended U				1 Fee is \$150.00 Fee is \$550.00 JBR is \$61.25 to Department of State		Election Campaign Financing Trust Fund Contribution. [5.00 May Be added to Fees		
11. OFFICERS AND DIRECTORS									┨॒	
TITLE	PDC		Titu	1		-			707	
NAME	Gil Aleman		NAM	1					12	
STREET ADDRESS CITY-ST-ZIP	107 Service Road			EȚADORESS -ST-ZIP:		-			348	
TITLE	Anderson, SC 29625		TITLE				·		CR2E034B (12/01)	
NAME.	D William B Long		ŅAM			2			18	
STREET ADDRESS	,			ET ADDRESS		7				
CITY-ST-ZIP	•		CITY	-ST-ZIP			.,		_	
TITLE	Birmingham, AL 352	UY	าตน			•				
PLANAC	D Walter F Johnsev		NAM	£					1	

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13. I hereby certify that the information supplied with this filing does not qualify for the expension 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 like empowered.

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STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

NAME STREET ADDRESS DO NOT WRITE

IN THIS SPACE

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Place And Typed OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Place And Typed OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Place And Typed OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Place And Typed OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Place And Typed OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYLING DAYLING