2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F97000000446

Entity Name: MIDSOUTH CAPITAL, INC.

601 WOODLAWN DR STE 300

MARIETTA, GA 30067

Address:

City-St-Zip:

FILED Oct 17, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 601 WOODLAWN DRIVE 1050 CROWN POINTE PARKWAY SUITE 300 SUITE 200 MARIETTA, GA 30067 ATLANTA, GA 30338 **New Mailing Address: Current Mailing Address:** 601 WOODLAWN DRIVE 1050 CROWN POINTE PARKWAY SUITE 300 SUITE 200 MARIETTA, GA 30067 US ATLANTA, GA 30338 US FEI Number: 57-0983535 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GILLCRIST, STEPHANIE 7956 HOLLYRIDGE ROAD JACKSONVILLE, FL 32256 US 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: STEPHANIE GILLCREST Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DCFO () Delete Title: () Change () Addition Name: HILL, MARK D Name: 370 DOGWOOD TRAIL Address: Address: City-St-Zip: MARIETTA, GA 30067 City-St-Zip: Title: **DCFO** Title: () Change () Addition () Delete Name: MARGESON, JOHN D JR Name: 4220 EXETER CLOSE, NW Address: Address: ATLANTA, GA 30327 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition VD. MARGESON, JOHN D JR Name: MARGESON, JOHN D JR Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JOHN MARGESON DCFO 10/17/2007

1050 CROWN POINTE PARKWAY

ATLANTA, GA 30338