2000 UNIFORM BUSINESS REPORT (UBR)

nanged, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WEST POINT PROPERTIES

FILED DOCUMENT # F9700003462 Apr 03, 2000 8:00 am Secretary of State WEST POINT PROPERTIES, INC. 04-03-2000 90151 027 ***158.75 Principal Place of Business Mailing Address PO BOX 4200 144 S. THOMAS ST. TUPELO MS 38803-4200 SUITE-A **TUPELO MS 38801** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 64-0828868 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \mathbf{x} Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent _Name_ CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 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 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 \mathbf{X} (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE Change Change ☐ Addition TITLE Delete PTD NAME ROSS, H S NAME Robert E. McDade, Jr. STREET ADDRESS 113 COMMERCE STREET STREET ADDRESS 144 South Thomas Street, Suite A CITY-ST-ZIP WEST POINT MS 39773 CITY-ST-ZIP Tupelo, MS 38801 ... Change ☐ Addition Delete TITLE none MCDADE, ROBERT E JR. NAME STREET ADDRESS STREET ADDRESS 144 S. THOMAS ST., SUITE A CITY-ST-ZIP CITY-ST-ZIP TUPELO MS 38801 ☐ Delete ☐ Change ☐ Addition TITLE NAME KAY, MASON L.... NAME STREET ADDRESS STREET ADDRESS 144 S. THOMAS ST., SUITE A CITY-ST-ZIE CITY-ST-ZIP TUPELO MS 38801 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Robert E. McDade, Jr., Pres.

3-28-00

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