2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # FQ70000539 Mar 28, 2000 8:00 am Secretary of State Southeast Legal Copy Management; Inc. (RDC Management, Inc.) 03-28-2000 90041 028 ***158.75 Principal Place of Business Mailing Address 7960 Turnberry Way 7960 Turnberry Way Duluth, Georgia 30097 Duluth, Georgia 30097 C0045923 2.~Principal Place of Business 3. Mailing Address 850ak Hill Drive 8 Oak Hill Drive Suite, Apt #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Newnan, City & State 4. FEI Number Applied For Newnan, 58-2335976 Georgia Georgia Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 30263 USA 30263 Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent David L. Koran Curt Braswell 3744 Winding Lake Circle Street Address (P.O. Box Number is Not Acceptable) 6 East Bay Street Orlando, Florida 32835 ^zig 2902 Jacksonville 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

FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 X Change Addition PDC De'ete TITLE PDC TITLE John R. Moody NAME David Koran STREET ADDRESS 7960 Turnberry Way STREET ADDRESS 8_Oak_Hill_Drive Duluth, Georgia 30097 CITY-ST-ZIP CITY-ST-ZIP 30263 Newnan, Georgia TITLE ☐ Change Addition TITI F SDC ☐ Delete NAME NAME David Koran STREET ADDRESS STREET ADDRESS 8 Oak Hill Drive CITY-ST-7IP CITY-ST-ZIE <u>Newnan, Georgia 30263</u> 🔀 Delete TITLE ☐ Change Addition TITLE MAME ---NAME Curt-Braswell STREET ADDRESS STREET ADDRESS 3744 Winding Lake Circle Orlando, Florida 32835 CITY-ST-ZIE CITY-ST-7IP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE MAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

with all other like empowered.

changed, or on an attachment with an address

SIGNATURE:

(NOTE: Registered Agent signature required when reinstating)

SIGNATURE

5-20-200