## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 18, 2000 8:00 am Secretary of State DOCUMENT # **F97000005888** INDUSTRIAL DEVELOPMENTS INTERNATIONAL, INC. 05-18-2000 90325 034 \*\*\*150.00 Principal Place of Business 3424 PEACHTREE RD., NE. STE. 1500 3424 PEACHTREE RD., NE. STE. 1500 ATLANTA GA 30326-1139 ATLANTA GA 30326 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Ant # etc. 4. FEI Number City & State Applied For City & State 58-1838177 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD 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 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Director d Cheirman Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME HOSHINO, HIROAKI STREET ADDRESS STREET ADDRESS 436 CENTER ST. CITY-ST-ZIP CITY-ST-ZIP FT. LEE NJ 07024 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME MACARTHER, WILLIAM H STREET ADDRESS STREET ADDRESS 218 MAIN ST. SOUTH CITY-ST-ZIP CITY-ST-ZIP BRIDGEWATER CT 06752 Change ☐ Addition TITLE ☐ Delete TITLE NAME SUOMI, MARVIN J NAME STREET ADDRESS STREET ADDRESS 346 SNOWDEN LANE CITY-ST-7IP CITY-ST-ZIP PRINCETON NJ 08540 Change ☐ Addition ☐ Delete TITLE NAME SUGASAWA, KIYOSHI NAME STREET ADDRESS STREET ADDRESS 200 WINSTON DR., #1617 CITY-ST-ZIP CITY-ST-ZIP CLIFFSIDE PARK NJ 07010 Addition Sawyer, christopher 6. Change 1201 West Peachtree Street TITLE TITLE D **NELSON. STEPHAN C** NAME STREET ADDRESS STREET ADDRESS 4105 HICKORY HILL RD STE 101 CITY-ST-ZIP CITY-ST-ZIP MEMPHIS TN 38115 Addition TITLE DP ☐ Delete TITLE NAME NAME GREGORY, HENRY D JR. STREET ADDRESS STREET ADDRESS 78 LINDBERGH #110 CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30305

FILED

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

DAVID R. BIRDWELL

TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Date

Dayline Phone #

13. I hereby certify that the information supplied with this filling 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