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May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97150 (9)

1. Corporation Name
GRAY LABORATORIES, INC.

Principal Place of Business	Mailing Address
4100 PERIMETER PARK SO ATLANTA GA 30341 US	2881 GLENRIDGE DRIVE SUITE 230 ATLANTA GA 30328 US

3. Date Incorporated or Qualified: 08/27/1982
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 5881 Glenridge Dr.
Suite, Apt. #, etc.
27 Suite 230
City & State
28 Atlanta GA
Zip 29 30328 Country 30 USA

4. FEI Number: 58-1495823 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

WILLIAMMEE, JOHN T
2380 S. RIVER RD
MELBOURNE BCH. FL 32951

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMMEE, JOHN T		1.2 NAME	
STREET ADDRESS	2380 S RIVER RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BCH, FL 00000		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GRAY, JAMES S		2.2 NAME	
STREET ADDRESS	4718 PINE ACRES COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNWOODY, GA 00000		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FARRELL, MICHAEL J		3.2 NAME	
STREET ADDRESS	610 MARK TRAIL COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ROBBINS, KATHRY E.		4.2 NAME	
STREET ADDRESS	5950 CROOKED CREEK RD SUTIE 140		4.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vice President Michael J. Farrell 4-28-97 (404)256-9640