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2002 UNIFORM BUSINESS REPORT (UBR)

Sep 11, 2002 8:00 am Secretary of State **DOCUMENT#** F98000000950 1. Entity Name 09-11-2002 90118 032 ***550.00 LEEMAR PROPERTIES, INC. Principal Place of Business Mailing Address 168 N. JOHNSTON ST. 168 N. JOHNSTON ST. SUITE 100 SUITE 100 DALLAS GA 30132 DALLAS GA 30132 2. Principal Place of Business 3. Mailing Address 126 Enterprise Path 126 Enterprise Path Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 208 Suite 208 City & State City & State 4. FEI Number Applied For Hiram, GA 58-2232872 Hiram Not Applicable Country Zip Country 30141 \$8.75 Additional 5. Certificate of Status Desired USA 30141 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME . BURSON, KENNETH L NAME STREET ADDRESS RT 1, BOX 1570 STREET ADDRESS CIT ST-ZIP CLARKESVILLE GA 30523 CITY-ST-ZIP TITLE TD Delete TITLE 🔀 Change Addition NAME SIMPSON, STEVE NAME STREET ADDRESS 126 Enterprise Path, Suite 208 168 N.JOHNSTON ST, SUITE 100 STREET ADDRESS CITY-ST-7IP Hiram, GA 30141 DALLAS GA 30132 CITY-ST-ZIP -TITLE . - --- . _--☐ Defete -TITLE X Change ☐ Addition NAME SIMPSON, MARY J 126 Enterprise Path, Suite 208 STREET ADDRESS 168 N.JOHNSTON ST, SUITE 100 STREET ADDRESS CITY-ST-ZIP Hiram, GA CITY-ST-ZIP 30141 DALLAS GA 30132 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT! F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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