2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F98000001888

Entity Name: FACILITY CONSTRUCTION MANAGEMENT INC.

FILED Apr 18, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	E PARK DRIVE GA 30080				
Current Mailing Address:			New Mailing Address:		
	E PARK DRIVE GA 30080				
FEI Number: 58-2209682 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
1200 SOU	PORATION SYS TH PINE ISLAN ON, FL 33324				
	named entity s e of Florida.	ubmits this statement for the p	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
		c Signature of Registered Age	ent	Date	
		satisfy its Intangible Tax filing requ	uirement and elects to o	do so (X).	
OFFICERS	S AND DIRECT	ORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD () MOULTRIE, ROI 2233 LAKE PAR SMYRNA, GA 3	K DRIVE	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition CAWOOD, NIXON E 2233 LAKE PARK DRIVE SMYRNA, GA 30080	
Title: Name: Address: City-St-Zip:	SD () LAMPORT, ALLA 2233 LAKE PAR SMYRNA, GA 3	K DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () NAVARRO, JOHI 2233 LAKE PAR SMYRNA, GA 3	K DRIVE	Title: Name: Address: City-St-Zip:	EVP (X) Change () Addition NAVARRO, JOHN H 2233 LAKE PARK DRIVE SMYRNA, GA 30080	
Title: Name: Address: City-St-Zip:	V () TAYLOR, PAUL 2233 LAKE PAR SMYRNA, GA 3	K DRIVE	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition TAYLOR, PAUL A 2233 LAKE PARK DRIVE SMYRNA, GA 30080	
Title: Name: Address:	()	Delete	Title: Name: Address:	TD () Change (X) Addition MOULTRIE, ROBERT L 2233 LAKE PARK DRIVE	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip: SMYRNA, GA 30080

SIGNATURE: ALLAN H. LAMPORT S 04/18/2002

City-St-Zip: