2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

FILED Apr 27, 2000 8:00 am Secretary of State DOCUMENT # F98000002019 POWERCALL, INC. 04-27-2000 90010 037 ***150.00 Principal Place of Business Mailing Address AUDRA L. MCCLELLAN 241 RALPH MCGILL BLVD., NE 270 PEACHTREE ST ATLANTA GA 30308 ATLANTA GA 30303 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 58-2264667 Not Applicable Zip Country 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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME BEASON, ROBERT S STREET ADDRESS STREET ADDRESS 241 RALPH MCGILL BLVD CITY-ST-ZIP CITY-ST-ZIP atlanta ga 30308 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME SEARS, BERTRAM E STREET ADDRESS STREET ADDRESS 241 RALPH MCGILL BLVD., NE CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30308 ☐ Addition DT ☐ Delete TiT) F Change NAME LEVERETT, ALLEN L NAME STREET ADDRESS STREET ADDRESS 270 PEACHTREE ST CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30303 Change ☐ Delete TITLE ☐ Addition TITLE asts NAME NAME DABBS, SAM H JR STREET ADDRESS STREET ADDRESS 270 PEACHTREE ST CITY-ST-ZIP CITY-ST-ZIP <u>atlanta ga 30303</u> Delete ☐ Change Addition TITLE TITLE MICHAEL E. BRITT FLETCHER, J. KEVIN NAME NAME 241 RAIPH McGill Blud. STREET ADDRESS STREET ADDRESS 241 RALPH MCGILL BLVD CITY-ST-7IP ATLANTA GA 30308 CITY-ST-ZIP ATLANTA GA 30308 Change Addition Oelete TITLE TITLE NAME SCOTT, MICHAEL L NAME STREET ADDRESS STREET ADDRESS 600 NORTH 18TH ST CITY-ST-ZIP CITY-ST-ZIP Allanta GA 30303 BIRMINGHAM AL 35291 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 under this proof 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 ardress, with all other like empowered.

SAM H. DABBS, JA. 4/18/00