2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 28, 2000 8:00 am Secretary of State DOCUMENT # F98000002783 1. Entity Name THREE CHIEFS CHARTER CORP. 08-28-2000 90058 039 ***550.00 Principal Place of Business Mailing Address 1120 ATLANTA INDUSTRIAL DR. 1120-ATLANTA INDUSTRIAC DR MARIETTA-GA 00005 MARIETTA GA 30065 P.O. Box 27*180* U0081906 2. Principal Place of Business DED FISH RED FISH Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2295713 PANAMA ዅኯቑ፞፞፞፞ዂዸ Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required -- --13a 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 ٩ 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. 13 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition DPS Change TITLE ☐ Delete TITLE NAME **GUTHRIE, LAMAR** NAME STREET ADDRESS STREET ADDRESS 1120 ATLANTA INDUSTRIAL DR. CITY-ST-ZIP CITY-ST-ZIP MARIETTA GA 30065 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete Change ☐ Addition TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 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.

SIGNATURE:

STOMATOR AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECT

(25/0)

233-0040

Daytime Phone #