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Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91515 033 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004588

1. Entity Name
SIX CONTINENTS RESOURCES, INC.

Principal Place of Business	Mailing Address
THREE RAVINIA DR., STE 2900 ATLANTA, GA 30346	THREE RAVINIA DR., STE 2900 ATLANTA, GA 30346

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 58-2398188 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT CHITTY, ROBERT J THREE RAVINIA DR., STE 2900 ATLANTA, GA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P PORTER, STEVAN Three Ravinia Dr Atlanta, GA 30346	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BRETTSCHNEIDER, THOMAS H THREE RAVINIA DR., STE 2900 ATLANTA, GA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/SVP Goodson, Michael Three Ravinia Dr. Atlanta, GA 30346	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SWEETWOOD, JOHN T THREE RAVINIA DR., STE 2900 ATLANTA, GA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hom, David Three Ravinia Dr. Atlanta, GA 30346	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ARONSON, MORTON THREE RAVINIA DR., STE 2900 ATLANTA, GA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ANHUNT, JAMES F THREE RAVINIA DR., STE 2900 ATLANTA, GA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS MEYER-ROBERTS, BARBARA J 747 THIRD AVE 26TH FLOOR NEW YORK, NY 10017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Meyer Roberts Ass't Sec. 4/23/03 212-852-6415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Barbara Meyer Roberts