

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000000814**

1. Entity Name

HVI (2) INCORPORATED**FILED****Apr 23, 2001 8:00 am**
Secretary of State

04-23-2001 90247 004 ***150.00

0604972

Principal Place of Business 2100 RIVEREDGE PKWY, 9TH FL ATLANTA GA 30328	Mailing Address 7777 MARKET CENTER AVE EL PASO TX 79912
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 74-2906621	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525****7. Name and Address of New Registered Agent**

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.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State****10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	MD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELAPP, GARY A		NAME		
STREET ADDRESS	2100 RIVEREDGE PARKWAY, 9TH FL		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30328		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUGAN, J. MICHAEL		NAME		
STREET ADDRESS	2100 RIVEREDGE PARKWAY, 9TH FL		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30328		CITY-ST-ZIP		
TITLE	COOP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTS, JAMES		NAME		
STREET ADDRESS	2100 RIVEREDGE PARKWAY, 9TH FL		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLOPF, JEFFREY A		NAME		
STREET ADDRESS	125 LINCOLN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SANTA FE NM		CITY-ST-ZIP		
TITLE	SV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, MARK E		NAME		
STREET ADDRESS	2100 RIVEREDGE PKWY 9TH FL		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30328		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	D. Brent Shaffer	
STREET ADDRESS			STREET ADDRESS	7777 Market Center Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	El Paso, TX 79912	

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:** *D. Brent Shaffer* **D. Brent Shaffer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/09/01

Date

(915) 877-3900

Daytime Phone #

CR2E034 (10/00)