2001: UNIFORM BUSINESS REPORT (UBR) May 21, 2001 8:00 am Secretary of State DOCUMENT #F 99000001533 05-21-2001 90406 035 \*\*\*150.00 BUCKHEAD STRATEGIC CORP. II Principal Place of Business Mailing Address 69489003 2. Principal Place of Business 3. Mailing Address Attn: Gail Knight 3424 Peachtree Rd., NE 3424 Peachtree Rd., NE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 800 Suite 800 City & State 4. FEI Number 58-2204352 City & State Applied For Atlanta, GA Not Applicable <u>Atlanta, GA</u> Country Country Zip 30326 Zip \$8.75 Additional 5. Certificate of Status Desired 30326 USA IISA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Plantation, FL 33324 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 FILE NOWIN-PEE-IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of St 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (11/00) TITLE ☐ Delete IIILE ☐ Addition NAME Larry S. Goodman STREET ADDRESS STREET ANDRESS 3424 Peachtree Rd., NE, Ste. 800 CITY-ST-ZIP Atlanta, GA 30326 CITY-ST-ZIP TITLE TITLE ☐ Addition NAME Donald R. Henry 3424 Peachtree Rd., NE, Ste. 800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-5T-712 Atlanta, GA 30326 TILE TITLE Addition NAME Thomas A. McKean STREET ADDRESS STREET ADDRESS 3424 Peachtree Rd., NE, Ste. 800 CITY-ST-ZIP CITY-ST-7IP Atlanta, GA 30326 TITLE VPAS Addition NAME NAME Debbie J. Newmark 3424 Peachtree Rd., NE, Ste. 800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZEP Atlanta, GA 30326 ☐ Delete MLE MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZOP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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. 4/25/01 SIGNATURE: \_ Debbie J. Newmark 404-848-8600

**FILED**