## 2000 UNIFORM BUSINESS REPORT (UBK) FILED DOCUMENT # F9900001850 May 09, 2000 8:00 am Secretary of State 1. Entity Name INTERCEPT COMMUNICATIONS TECHNOLOGIES, INC. 03-16-2000 90026 001 \*\*\*300.00 Mailing Address Principal Place of Business 3150 HOLCOMB BRIDGE ROAD. STE 200 3150 HOLCOMB BRIDGE ROAD, STE 200 NORCROSS GA 30071-1370 NORCROSS GA 30071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 58-2456007 Applied For City & State City & State 4. FEI Number APPLIED FOR Not Applicable Country Zip Country \$8.75 Additional Ziρ 5. Certificate of Status Desired Fee Required 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** City 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. · 特别是我的是是一个有一个 SUSPECIAL STREET SIGNATURE . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150,00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE Change TITLE ☐ Delete JACKSON, DONNY R NAME NAME STREET ADDRESS 3150 HOLCOMB BRIDGE RD., STE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORCROSS GA Change Addition ۷D ☐ Delete TITLE TITLE SULPY, MICHAEL D NAME NAME STREET ADDRESS 3150 HOLCOMB BRIDGE RD., STE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORCROSS GA Addition ☐ Change TITLE ☐ Delete TITLE NAME MEYERHOFF, SCOTT R NAME VENDOR # STREET ADDRESS STREET ADDRESS 3150 HOLCOMB BRIDGE RD., STE 200 INVOICE # CITY-ST-ZIP CITY-ST-ZIP **NORCROSS GA** DUE DATE Addition ☐ Change TITLE CD Delete TITLE COLLINS, JOHN W NAME NAME REF -

ATLANTA GA 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 hustee 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 an officer or director of the corporation or the receiver or hustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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3150 HOLCOMB BRIDGE RD., STE 200

999 PEACHTREE STREET. STE 1400

999 PEACHTREE STREET, STE 1400

NORCROSS GA

ATLANTA GA

D

STURM, GLENN W

SPENCER, SUSAN L

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Defete

G/L -

VOUCHER #

DATE ENTERED

770-646-3715 Daytime Phone #

Change

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Addition

☐ Addition