ANNUAL REPORT
19

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000002645

1. Corporation Name

AIM Solutions, Inc.

FILED
00 SEP 27 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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Principal Place of Business	Mailing Address
Highway 270 Jones Mill, AR 72105	

3. Date Incorporated or Qualified: 5-24-99
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: ✓ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT Corporation System 1200 South Pine Island Rd. Plantation, FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Dale W. Morris — DALE W. MORRIS ASSISTANT VICE PRESIDENT — 9/21
Signature, type or printed name of registered agent and title if applicable — NOTE: A corporate agent cannot be its own officer. — DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11 TITLE CEO ☒ Change ☐ Addition 12 NAME Steven A. Odom 13 STREET ADDRESS 400 North Park, Ste 100, 1000 Abernathy Rd. 14 CITY-ST-ZIP Atlanta, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	21 TITLE President ☒ Change ☐ Addition 22 NAME James M. Logsdon 23 STREET ADDRESS 400 North Park, Ste 100, 1000 Abernathy Rd. 24 CITY-ST-ZIP Atlanta, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE CFO, Secretary & Treasurer ☒ Change ☐ Addition 32 NAME Juliet M. Reising 33 STREET ADDRESS 400 North Park, Ste 100, 1000 Avernathy Rd. 34 CITY-ST-ZIP Atlanta, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 500003416565--3 43 STREET ADDRESS -10/06/00--01009--036 44 CITY-ST-ZIP ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 500003416565--3 53 STREET ADDRESS -10/06/00--01009--037 54 CITY-ST-ZIP ****608.75 ****608.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME LS 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 9/20/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #