FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 25, 2002 8:00 am F99000003463 DOCUMENT # Secretary of State 1. Entity Name 02-25-2002 90094 022 ***150.00 MCJAX MANAGER, INC. Principal Place of Business Mailing Address ONE OFFICE PARK CIRCLE, SUITE 300 ONE OFFICE PARK CIRCLE, SUITE 300 BIRMINGHAM AL 35223 BIRMINGHAM AL 35223 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 63-1229112 Not Applicable Country \$8.75 Additional Zip Zip Country 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 **SIGNATURE** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition TITLE Delete TITI F NAME NAME MCDONALD, WILLIAM W STREET ADDRESS STREET ADDRESS ONE OFFICE PARK CIRCLE, SUITE 300 CITY-ST-ZIP **BIRMINGHAM AL 35223** CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME MCDONALD, WILLIAM W JR STREET ADDRESS STREET ADDRESS ONE OFFICE PARK CIRCLE, SUITE 300 CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35223** TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME HARSH, MILTON STREET ADDRESS STREET ADDRESS ONE OFFICE PARK CIRCLE, SUITE 300 CITY-ST-ZIP **BIRMINGHAM AL 35223** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: _