

FILED ATX1
Jan 31, 2004 08:00 AM
Secretary of State

DO NOT WRITE IN THIS SPACE

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| | |
|---|--------------------------------|
| 4. FEI Number | Applied For |
| 63-1229112 | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|--|----------|
| Name and Address of Current Registered Agent | |
| Address (P.O. Box Number is Not Acceptable) | |
| | |
| FL | Zip Code |

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

| | | | |
|----------------------------|-----------------------------------|----------------|--|
| 10. OFFICERS AND DIRECTORS | | 11. | |
| TITLE | PSD | TITLE | |
| NAME | MCDONALD, WILLIAM W | NAME | |
| STREET ADDRESS | ONE OFFICE PARK CIRCLE, SUITE 300 | STREET ADDRESS | |
| CITY ST ZIP | BIRMINGHAM AL 35223 | CITY ST ZIP | |

| | | | |
|----------------|-----------------------------------|----------------|--|
| CITY-ST-ZIP | BIRMINGHAM, AL 35223 | CITY-ST-ZIP | |
| TITLE | VAS | TITLE | |
| NAME | MC DONALD, WILLIAM W JR | NAME | |
| STREET ADDRESS | ONE OFFICE PARK CIRCLE, SUITE 300 | STREET ADDRESS | |
| CITY-ST-ZIP | BIRMINGHAM, AL 35223 | CITY-ST-ZIP | |

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|----------------|--|----------------|--------------|
| TITLE | | TITLE | DO NOT WRITE |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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|----------------|--|----------------|----------------------|
| TITLE | | TITLE | IN THIS SPACE |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
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| | | | |
|----------------|--|----------------|--|
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: William W. McDonald 1-15-04 (205) 879-0458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #