2000 UNIFORM BUSINESS REPORT (UBR) FILED DOČUMENT # F99000003663 Aug 03, 2000 8:00 am Secretary of State 1. Entity Name ONESOURCE PAINTING, INC. 08-03-2000 90091 013 ***550.00 Mailing Address Principal Place of Business 429 WEST 53RD STREET 429 WEST 53RD STREET NEW YORK NY 10019 NEW YORK NY 10019 * COUTUUN 3. Mailing Address 2. Principal Place of Business 4800 N. Federal HWV 1600 Parkwood DO NOT WRITE IN THIS SPACE Swite 4. FEI Number Applied For 52-2137493 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition TITLE [5] Delete TITLE 1600 Parkwood Circle KAHN, GERALD NAME NAME 429 WEST 53RD STREET STREET ADDRESS STREET ADDRESS # 400NTA, GA 30339 **NEW YORK NY 10019** CITY-ST-ZIP CITY-ST-ZIP F۷ Change ☐ Delete TITLE 1600 PARKWOOD CIRCLE, #400 KAHN, MARVIN NAME NAME 429 WEST 53RD STREET STREET ADDRESS STREET ADDRESS Atlanta GA 30339 **NEW YORK NY 10019** CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete WILLIAMS, GEORGE A NAME 1600 PARKWOOD CIRCLE SUITE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30339 CITY-ST-ZIP GEBUARO. ROGER 4800 N. FEDERAL HIGHWAY, # ASST. S Delete TITLE GAID, PERRY J NAME NAME 1600 PARKWOOD CIRCLE SUITE 400 STREET ADDRESS STREET ADDRESS BOCA RATON, FC 73431 CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30339

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.

TIT: F

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

LEVINE, STEVEN J

OLBERT, ANN M

BOCA RATON FL 33431

BOCA RATON FL 33431

4800 N. FEDERAL HIGHWAY, SUITE 200B

4800 N. FEDERAL HIGHWAY, SUITE 200B

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

POBER GERHAIN 7/24/2000 561-368-3899

☐ Delete

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Addition

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CR2E034 (5/00)