2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am Secretary of State DOCUMENT # F9900003894 1. Entity Name 05-16-2001 90028 048 ***150.00 CHARTER CONSTRUCTION MANAGEMENT COMPANY, INC. Mailing Address Principal Place of Business 730 NORTH DEAN ROAD #200 730 NORTH DEAN ROAD #200 AUBURN AL 36830 AUBURN AL 36830 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 63-1029601 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MONAHAN, ARTHUR Street Address (P.O. Box Number is Not Acceptable) 600 S. BARRACKS ST. # N-1 PENSACOLA FL 32501 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change TITLE ☐ Delete TITLE NAME NAME BENNETT, FRED STREET ADDRESS STREET ADDRESS 730 NORTH DEAN ROAD #200 CITY-ST-ZIP CITY-ST-7IP AUBURN AL 36830 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME HILL, MILES STREET ADDRESS STREET ADDRESS 730 NORTH DEAN ROAD #200 CITY-ST-ZIP CITY-ST-ZIP AUBURN AL 36830 Addition Change TITLE TITLE ☐ Delete NAME NAME GETHERS, DAVID STREET ADDRESS STREET ADDRESS 730 NORTH DEAN ROAD #200 CITY-ST-ZIP_ CITY-ST-ZIP AUBURN AL 36830 Change ☐ Addition TITLE TIT! F Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

with all other like empowered.

changed, or on an attachment with an address

SIGNATURE:

FILED