2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F99000004082 May 19, 2000 8:00 am Secretary of State KPERS REALTY HOLDING #31, INC. 05-19-2000 90036 036 ***150.00 Mailing Address Principal Place of Business 3424 PEACHTREE ROAD. SUITE 800 3424 PEACHTREE ROAD. SUITE 800 ATTN: CORP. SEC. DEPT. ATTN: CORP. SEC. DEPT. ATLANTA GA 30326-2838 ATLANTA GA 30326 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 58-2333706 Not Applicable \$8.75 Additional aiZ ⁻ Country 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 Zip Code FL 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, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. P/D ☐ Addition TITLE ☐ Delete TITLE NAME NAME WALKER, STEVE L STREET ADDRESS STREET ADDRESS 3424 PEACHTREE ROAD, SUITE 800 CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30326 X Addition ☐ Change TITLE X Delete TITLE RENEE BERGERON NAME ZIMMERMAN, MATTHEW R NAME 3424 PEACHTREE ROAD, SUITE 800 STREET ADDRESS STREET ADDRESS 3424 PEACHTREE ROAD, SUITE 800 ATLANTA . GA 30326-CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30326 ☐ Addition ☐ Delete TITLE ☐ Change TITLE MCKEAN, THOMAS A NAME NAME STREET ADDRESS 3424 PEACHTREE ROAD, SUITE 800 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30326 ☐ Change ☐ Addition ☐ Delete TITLE TITLE SNEDEKER, PATRICIA C NAME NAME STREET ADDRESS STREET ADDRESS 3424 PEACHTREE ROAD, SUITE 800 CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30326 X Addition ☐ Change Delete TITLE TITLE PAUL DOLINOY BARAG, JERROLD NAME 3424 PEACHTREE ROAD, SUITE 800 STREET ADDRESS STREET ADDRESS 3424 PEACHTREE ROAD, SUITE 800 CITY-ST-ZIP ATLANTA GA 30326 CITY-ST-ZIP ATLANTA GA 30326 ☐ Change ☐ Addition X Delete TITLE TITLE NAME DEGNAN, AMBER B STREET ADDRESS STREET ADDRESS 3424 PEACHTREE ROAD, SUITE 800 CITY-ST-ZIP ATLANTA GA 30326 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 anyaddress, with all other like empowered.

CICMATUDE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

404-848-8672

Daytime Phone #