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FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

55044758

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004546

1. Entity Name
BROCK DESIGN GROUP, INC.

Principal Place of Business	Mailing Address
~~1000 HURRICANE SHOALS~~	~~1000 HURRICANE SHOALS~~
~~SUITE B900~~	~~SUITE B900~~
~~LAWRENCEVILLE, GA 30043~~	~~LAWRENCEVILLE, GA 30043~~

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
702 Old Peachtree Rd	
Suite, Apt. #, etc.: 100	Suite, Apt. #, etc.: Same
City & State: Suwanee GA	City & State
Zip: 300 / Country	Zip / Country

4. FEI Number: 58-2103207 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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. I am familiar with, and accept the obligations of registered agent.

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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: PRESIDENT / NAME: BROCK, MARK S / STREET ADDRESS: ~~1000 HURRICANE SHOALS RD B900~~ 702 Old Peachtree / CITY-ST-ZIP: ~~LAWRENCEVILLE, GA 30045~~ Suwanee GA 30024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: SECRETARY / NAME: BROCK, DOUGLAS M / STREET ADDRESS: 395 PADEMAR TRAIL / CITY-ST-ZIP: LAWRENCEVILLE, GA 30043	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: Vice President / NAME: KULKARNI, KIRAN V / STREET ADDRESS: 1075 BELLAIRE COURT / CITY-ST-ZIP: LAWRENCEVILLE, GA 30043	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: PARTNER / NAME: J. Jeffrey Carter / STREET ADDRESS: 702 Old Peachtree Rd. / CITY-ST-ZIP: Suwanee, GA 30024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP TS ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] MARK S. BROCK 4.20.3 7709624125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #