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Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90146 034 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005309

1. Entity Name

SALEM ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

B0057267

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
7074, Peachtree Industrial Blvd.		7074, Peachtree Industrial Blvd.	
Suite, Apt. #, etc.: Suite 210		Suite, Apt. #, etc.: Suite 210	
City & State: NORCROSS, GA		City & State: NORCROSS, GA	
Zip: 30071	Country: USA	Zip: 30071	Country: USA

4. FEI Number: 58-2129561 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CHUCK BEEMAN

Street Address (P.O. Box Number is Not Acceptable): ~~[illegible]~~, 10000, GATE PKWY NORTH # 1223

City: JACKSONVILLE FL Zip Code: 32246

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	PCD	TITLE	
NAME	SUNDAR GARG	NAME	
STREET ADDRESS	10730, BRANHAM FIELDS ROAD	STREET ADDRESS	
CITY-ST-ZIP	DULUTH, GA 30097	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	NOG A. NAGARAJAN	NAME	
STREET ADDRESS	3900 NOBLIN RIDGE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DULUTH, GA 30097	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] NOG A. NAGARAJAN — 3/19/2002 — (770) 729-8089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #