2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # G15990 Apr 18, 2000 8:00 am Secretary of State 1. Entity Name WATKINS ASSOCIATED REALTY, INC. 04-18-2000 90067 016 ***150.00 Mailing Address Principal Place of Business 1958 MONROE DR NE 1958 MONROE DR NE POB 1738 POB 1738 ATLANTA GA 30324-4844 ATLANTA GA 30324 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2251162 Not Applicable \$8.75 Additional Country 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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, PD TITI F ☐ Change ■ Addition TITLE ☐ Delete FREEMAN, WILLIAM A. NAME NAME STREET ADDRESS STREET ADDRESS 1958 MONROE DR. NE CITY-ST-ZIF CITY-ST-ZIP ATLANTA GA ☐ Addition ☐ Change ☐ Delete TITLE TITLE READY, GEORGE NAME STREET ADDRESS STREET ADDRESS 1958 MONROE DR, NE CITY - ST- ZIP CITY-ST-ZIP ATLANTA GA ☐ Change Addition ☐ Delete TITLE TITLE FREEMAN, W. NEAL NAME NAME STREET ADDRESS STREET ADDRESS 1946 NE MONROE DR CITY-ST-ZIP CITY-ST-ZIP atlanta ga ☐ Change ☐ Addition ☐ Delete TITLE TITLE FREEMAN, LEE S. NAME STREET ADDRESS STREET ADDRESS 1946 NE MONROE DR CITY-ST-ZIP CITY-ST-ZIP atlanta ga Addition ☐ Change ☐ Delete TITLE HERRING, W.T. NAME STREET ADDRESS STREET ADDRESS 1946 NE MONROE DR CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 received 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.

Sec./Treas 4-11-00 404-872-3841

SIGNATURE AND ROPE OF PRINTED MAND OF SIGNING OF FICE OF DIRECTOR

Date

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