FILED

## 2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K91711  1. Entity Name FIRST GREENFIELD CORP.							Feb 15, 2001 8:00 am Secretary of State 02-15-2001 90026 050 ***150.00				
Principal Place of Business TWO RAVINIS DR STE 4CO ATLANTA GA 30346-2104			Mailing Address TWO RAVINIS DR STE 400 ATLANTA GA 30346-2104			した(100 000 1000 1000 1000 1000 1000 1000					
2. Principal F Two R	Place of Busir avinia		3. Mailing Address Two Ravinia Drive								
Suite, Apt. #, etc. Suite 400			Suite, Apt. #, etc.  Suite 400  City & State				DO NOT WRITE IN THIS SPACE				
City & State Atlanta, GA 30346-2104			Atlanta, GA 30346-2			4. FEI Number         65-0126708         Applied For Not Applicable					
Zip		Country	Zip	Cour	ntry	5. 0	Certificate of Status Desi		\$8.75 Add		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					Name	<u>-</u>		··•			
					Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION FL 33324									7 7 0 1		
					City	FL Zip Code					
8. The above	named entity	y submits this statement for	the purpose of changing its	register	ed office or	registered age	ent, or both, in the State	of Florida.			
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	F: Registere	d Agent signati	ure required when re	instating)	DATE			
			<del></del>			<del></del>					
Tax filling requirement and elects to do so.  After MAY				W!!! FEE IS \$150.00 2001 Fee will be \$550.00 yable to Department of Sta							
11. OFFICERS AND DIRECTORS				12.		ADI	DITIONS/CHANGES TO	OFFICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS	,	.L, KENNETH A ERSTATE NO PKWY S22	Delete TITLI NAM STRE			Two Ray	vinia Drive,	Suite 400	Change	☐ Addition	
CITY-ST-ZIP	ATLANTA	GA		CITY-ST-ZIP		Atlanta	a, GA 30346-2	104			
TITLE NAME STREET ADDRESS	S Delete WALL, FAYE J 5500 INTERSTATE NO PKWY \$220				e Eet address	© Change ☐ Addition Two Ravinia Drive, Suite 400					
CITY-ST-ZIP					-ST-ZIP	Atlanta, GA 30346-2104					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· was an and an and	☐ Delete					-	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Delete				·•-		Change	☐ Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Delete		- 1				☐ Change	Addition	

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 an address, with all other like empowered.

SIGNATURE: \_

Faye J. Wall, Secretary SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR