File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. EULL) SECRETARY OF STATE ONVINCED CORPORATIONS LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 90 NMR - 9 RM 9: 15 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE DOCUMENT # 198000001658 Name and Mailing Address of Limited Liability Company LYNX PURCHASING SERVICES, LLC 1a. Principal Place of Business Address SEVEN MONTAGEL WAY SEVEN MONTAGEL WAY BIRMINGHAM AL 35242 BIRMINGHAM AL 35242 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 08/31/1998 FL. Suite, Apt. #, etc. Suite Apt #, etc. 4. FEI Number Applied For City & State City & State 63-1202601 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country \$8.75 Additional Fee Required N/A 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Suite Ant # etc Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE ___ ___ DATE (Begistered Agend Accepting Approximent). (NOTE: Bigistered Agents gratue in querid we consist this 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM BERRY, ALLEN KEITH SEVEN MONTAGEL WAY BIRMINGHAM AL MGRM HOUSE, LARRY SEVEN MONTAGEL WAY BIRMINGHAM AL MGRM ALFORD, LARRY Ed 741 RIVERHAVEN CIRCLE BIRMINGHAM AL --C200083nna -n3/n9/99--01092--024 ****188.75 ****188.79 11 I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3) (i) Florida Statutes. Hurther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address SIGNATURE: 205-495-8808

SIGNATURE AND 1915 DICROPHITIS COLAME OF GOVERNING MADIACORY AN MIRITOR MADIACORY

Erry's on Atlanta #