

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90393 034 ****50.00

DOCUMENT # M01000002842

1. Entity Name

CIMCITIES LLC

DO NOT WRITE IN THIS SPACE

856117

2. Principal Place of Business

1400 LAKE HEARN

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ATLANTA, GA

City & State

4. FEI Number

58-2483502

Applied For

Not Applicable

Zip

30319

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

101 HAYES STREET

City

TALLAHASSEE

FL

Zip Code
32301

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT
PETER M. WINTER
1400 LAKE HEARN DR.
ATLANTA, GA 30319

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VICE PRESIDENT
PRESTON B. BARNETT
1400 LAKE HEARN DR.
ATLANTA, GA 30319

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SECRETARY
ANDREW A. MERDEK
1400 LAKE HEARN DR.
ATLANTA, GA 30319

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TREASURER
RICHARD J. JACOBSON
1400 LAKE HEARN DR.
ATLANTA, GA 30319

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VICE PRESIDENT
JOHN C. MELLOTT
1400 LAKE HEARN DR.
ATLANTA, GA 30319

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11. 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 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.

SIGNATURE:

Preston B. Barnett

PRESTON B. BARNETT

4/21/02

404-843-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)