

FILED
Jun 30, 2003 8:00 am
Secretary of State

05-15-2003 90015 012 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000002819			
1. Entity Name 110-340 STEVENS STREET LLC			
Principal Place of Business 133 PEACHTREE ST., ATTN: INCOME TAX DEPT ATLANTA, GA 30303		Mailing Address 133 PEACHTREE ST., ATTN: INCOME TAX DEPT ATLANTA, GA 30303	
2. Principal Place of Business 8214 WESTCHESTER DR Suite, Apt. #, etc. 9TH FLOOR City & State Dallas TX Zip 75225 Country USA		3. Mailing Address 8214 Westchester Suite, Apt. #, etc. 9th Floor City & State Dallas, TX Zip 75225 Country	
4. FEI Number 27-0053756		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		☐ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent's signature required when submitting) DATE _____			
9. MANAGING MEMBERS/MANAGERS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. MGRM UNISOURCE WORLDWIDE, INC. 133 PEACHTREE ST., ATTN: INCOME TAX DEPT ATLANTA, GA 30303 ☒ Delete 2. ☐ Delete 3. ☐ Delete 4. ☐ Delete 5. ☐ Delete 6. ☐ Delete 10. ADDITIONS/CHANGES TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. ☐ Change ☐ Addition 2. M. Scott Kipp, MANAGER 8214 WESTCHESTER DR 9TH FL DALLAS TX 75225 ☐ Change ☒ Addition 3. Joe C. Longbottom MANAGER 8214 WESTCHESTER DR 9TH FLOOR DALLAS TX 75225 ☐ Change ☒ Addition 4. Gil J. Basing MANAGER 8214 WESTCHESTER DR 9TH FLOOR DALLAS TX 75225 ☐ Change ☒ Addition 5. ☐ Change ☐ Addition 6. ☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), 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 60B, Florida Statutes. SIGNATURE: M. Scott Kipp, Manager 4-15-03 214 6916-3600 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			

CR2E083 (10/02)