2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9800000752 **Secretary of State** 1. Entity Name 03-24-2002 90037 034 ****50.00 CAPITOL USA, LLC Principal Place of Business Mailing Address 300 CROSS PLAINS BLVD. P.O. BOX 2023 **DALTON GA 30720** DALTON GA 30722 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2240421 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **526 EAST PARK AVENUE** TALLAHASSEE FL 32301 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES ☐ Addition TITLE MGR ☐ Delete TITLE Change NAME NAME BAKER, JAMES B STREET ADDRESS STREET ADDRESS 633 CHESTNUT STREET, SUTIE 1640 CITY-ST-ZIP CITY-ST-ZIP CHATANOOGA TN 37405 MGR ☐ Delete ☐ Addition NAME ELROD, STARLING L NAME STREET ADDRESS STREET ADDRESS 633 CHESTNUT STREET, SUTIE 1640 CITY-ST-ZIP CITY-ST-ZIP CHATANOOGA TN 37405 TITLE MGR ☐ Delete TITLE ☐ Addition MORRIS, TIM T STREET ADDRESS STREET ADDRESS 633 CHESTNUT STREET, SUTIE 1640 CITY-ST-ZIP CITY-ST-ZIP CHATANOOGA TN 37405 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME BROOKSHIRE, MIKE D STREET ADDRESS STREET ADDRESS 633 CHESTNUT STREET, SUTIE 1640 CITY-ST-ZIP CITY-ST-ZIP CHATANOOGA TN 37405 TITLE ☐ Delete TITLE Change ☐ Addition SHEEHY, THOMAS D STREET ADDRESS STREET ADDRESS **1800 REPUBLIC CENTER** CITY-ST-ZIP CITY-ST-ZIP CHATTANOOGA TN 37402 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 11. 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 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

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limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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