2001 UNIFORM BUSINESS REPORT (UBR) FILED May 07, 2001 8:00 am Secretary of State DOCUMENT # P03262 1. Entity Name BLUE LINE REALTY, INC.? 05-07-2001 90064 035 ***150.00 Principal Place of Business Mailing Address 330 Fifth Avenue c/o Gary Snyder Suite 400 3290 Northside Pkwy.-Ste.400 A0062516 New York NY 10001 Atlanta GA 30327 The second second 2. Principal Place of Business 3. Mailing Address 330 Fifth Avenue 3290 Northside Pkwy. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 400 Suite 400 - c/o G!. Snyder City & State City & State Applied For 4. FEI Number New York NY 10001 Atlanta GA 30327 58-1580284 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 10001 New York 30327 Fee Required Fulton 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Gildan, Herbert L. Street Address (P.O. Box Number is Not Acceptable) 1645 Palm Beach Lakes Blvd. West Palm Beach FL 33402 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P/D TITLE ☐ Delete TITLE Addition Change NAME Kenneth R. Orr STREET ADDRESS STREET ADDRESS 330 Fifth Avenue - Ste. 400 CITY-ST-ZIP CITY-ST-ZIP New York NY 10001 V/CFO/D TITLE ☐ Delete TITLE Change ☐ Addition NAME David W. Hauck NAME STREET ADDRESS STREET ADDRESS 77 East Andrews Dr., N.W.- #369 CITY-ST-ZIP Atlanta GA 30305 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME Gary E. Snyder STREET ADDRESS 3290 Northside Pkwy. - Ste. 400 STREET ADDRESS CITY-ST-ZIP Atlanta GA 30327 CITY-ST-ZIP TITLE ☐ Delete Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 alkomer like ep

Gary E. Snyder, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

SIGNATURE:

Daytime Phone #