2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06224

Entity Name: BUCHANAN MARINE INC.

FILED Nov 10, 2004 Secretary of State

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701 NORTH RIVERSIDE DRIVE 701 NORTH RIVERSIDE DRIVE POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 US

Current Mailing Address: New Mailing Address:

701 NORTH RIVERSIDE DRIVE 375 NORTHRIDGE ROAD POMPANO BEACH, FL 33062 SUITE 350 ATLANTA, GA 30350 US

FEI Number: 06-1008149 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 333240000 US

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:

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: () Change () Addition Name: ABATE, CARMINE J D,P Name:

Address: BLACK ROCK AVENUE Address: City-St-Zip: NEW BRITAIN, CT 06052 US City-St-Zip:

Title: DTVP Title: (X) Change () Addition () Delete MCMORROW, MICHAEL F VP Name: RYAN, JAMES F D.T.VP Name: BLACK ROCK AVENUE BLACK ROCK AVENUE Address: Address: NEW BRITAIN, CT 06052 US NEW BRITAIN, CT 06052 US City-St-Zip: City-St-Zip:

Title: D () Delete Title: VPS (X) Change () Addition Name: LOHNE, PETER M D Name: LOHNE, PETER M VP,S

Name:LOHNE, PETER M DName:LOHNE, PETER M VP,SAddress:BLACK ROCK AVENUEAddress:BLACK ROCK AVENUECity-St-Zip:NEW BRITAIN, CT 06052 USCity-St-Zip:NEW BRITAIN, CT 06052 US

Title: VPS () Delete Title: T (X) Change () Addition
Name: LOHNE, PETER M VP,S Name: CULPEPPER, GLENN A T

Address: BLACK ROCK AVENUE Address: 1055 THOMAS JEFFERSON ST, SUITE 400

City-St-Zip: NEW BRITAIN, CT 06052 US City-St-Zip: WASHINGTON, DC 20007 US

Title: AS () Delete Title: () Change () Addition

 Name:
 HICKMAN, GARY P AS
 Name:

 Address:
 375 NORTHRIDGE ROAD, SUITE 350
 Address:

 City-St-Zip:
 ATLANTA, GA 30350 US
 City-St-Zip:

Title: AS () Delete Title: () Change () Addition

 Name:
 O'DRISCOLL, MICHAEL G AS
 Name:

 Address:
 375 NORTHRIDGE ROAD, SUITE 350
 Address:

 City-St-Zip:
 ATLANTA, GA 30350 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY P. HICKMAN AS 11/10/2004