FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION **Katherine Harris** ANNUAL REPORT Secretary of State FILED DIVISION OF CORPORATIONS 1999 99 JUN 16 PH 12: 43 DOCUMENT # PO 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA Service 800 Corporation Principal Place of Business Mailing Address 1275 Peachtree St., N.E. 1275 Peachtree St., N.E. 7th Floor 7th Floor DO NOT WRITE IN THIS SPACE Atlanta, GA 30309 Atlanta, GA 30309 3. Date Incorporated or Qualifed 12/4/85 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 58-1622451 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution 28 Added to Fees Country Country 8. This corporation owes the current year Intangible 25 Personal Property Tax. □No 30 29 ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Tallahassee, FL 32301 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 11 TITLE ☐ Addition Georg Graf Schall-Riaucour NAME 12 NAME 1275 Peachtree St., N.E., 7th Fl. STREET ADDRESS 1.3 STREET ADDRESS Atlanta, GA 30309 CITY-ST-ZIP 1.4 City-ST-ZIP VP/T/D DELETE TILE 2.1 TITLE ☐ Change ☐ Addition Jobst von Beckedorff 2.2 NAME NAME 100002911921--0 (same as above) 23 STREET ADDRESS STREET ADDRESS -06/22/99--01035--008 CITY-ST-ZIP 2 4 OTTY-ST-ZIP ****550.00 ****550.00 VP/S/D DELETE TILE 31 Tm F NAME 3.2 NAME Thomas J. Harrold, Jr. STREET ADDRESS 3.3 STREET ADDRESS (same as above) CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Chance Addition TITLE 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TILE 5.1 TITLE 52 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE ☐ Change Addition TITLE NAME

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

8.4 CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: 5/m J. Mann

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR J. Harpold, Jr. 5/1/99

404-962-6502