2002 UNIFORM BUSINESS REPORT (UBR)

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Mar 22, 2002 8:00 am Secretary of State DOCUMENT # P08888 1. Entity Name 03-22-2002 90021 031 ***150.00 BROWNLEE-MORROW ENGINEERING COMPANY, INC. Principal Place of Business Mailing Address 7450 CAHABA VALLEY RD PO BOX 380008 B0046270 PO BOX 380008 PO BOX 380008 BIRMINGHAM AL 35238-008 BIRMING HAM AL 35238-008 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 63-0512045 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) TITLE ☐ Delete TITLE Addition NAME MORROW, BETTY M NAME **4216 OLD LEEDSLANE** STREET ADDRESS STREET ADDRESS **BIRMINGHAM AL** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MORROW, MALCOLM A. NAME STREET ADDRESS 2780 PUMPHOUSE RD. STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL** CITY-ST-ZIP TITLE' - Delete TITLE Change Addition NAME MORROW, GORDON, JR. NAME STREET ADDRESS STREET ADDRESS 680 ARLINGTON DR. CITY-ST-ZIP CITY-ST-ZIP LEEDS AL TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP 13. 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 trystee empowered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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