FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

~~1997~~ 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 17 1998 8:00am
Secretary of State

DOCUMENT # P12076 (6)

1. Corporation Name
SOLOMONS COMPANY, INCORPORATED IN GEORGIA

[redacted]

Principal Place of Business	Mailing Address
42 ROSS ROAD, SAVANNAH GA 31405	42 ROSS ROAD SAVANNAH GA 31405-1661

3. Date Incorporated or Qualified: 11/12/1986
3a. Date of Last Report: 04/17/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26: 5555 Glendon Court
4. FEI Number: 58-0434020 — Applied For ☐ Not Applicable ☐
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
City & State — 23:
City & State — 28: Dublin OH
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
Zip — 24:
Country — 25:
Zip — 29: 43016
Country — 30: U.S.A.
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

B1 Name: Corporation Service Company
B2 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
B3:
B4 City: Tallahassee FL B5 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: Sylvia M. White (Typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	CEO	☐ DELETE	1.1 TITLE	C	☒ Change ☐ Addition
NAME	SOLOMONS, PHILIP SR.		1.2 NAME		
STREET ADDRESS	5 MAD ANTHONY LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SAVANNAH GA		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SOLOMONS, PHILIP JR.		2.2 NAME		
STREET ADDRESS	31 EAST 49TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	SAVANNAH GA		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BENNETT, GEORGE H J R.		3.2 NAME		
STREET ADDRESS	5555 GLENDON CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	DUBLIN OH		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	SUMMER, THOMAS S		4.2 NAME	Stephanie A. Wagoner	6/6/17
STREET ADDRESS	5555 GLENDON CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	DUBLIN OH		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	WALTER, ROBERT D		5.2 NAME	John C. Kane	
STREET ADDRESS	5555 GLENDON CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	DUBLIN OH		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, GLENN L		6.2 NAME	200002568342 -06/18/98-01019-038 ***150.00	
STREET ADDRESS	5555 GLENDON CT		6.3 STREET ADDRESS		
CITY-ST-ZIP	DUBLIN OH		6.4 CITY-ST-ZIP		

14. I do 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 above, or on an attachment with an address.

SIGNATURE: [signature] Glenn L. Martin VP TREAS 4-30-98 (404)262-5000