2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Entity Nar	JMENT # P1278				Jan 29, 200 Secretary 01-29-2002 90015	of Sta	ate	
Principal Pla	ce of Business	Mailing Address						
TWO RAVINIA DR., SUITE 1600 ATLANTA GA 30346		TWO RAVINIA DR., SUITE 1600 ATLANTA GA 30346		5				
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.	4. FEI Number Applied For Not Applicable			
Zip Country		Zip	Country		Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current R	egistered Agent		7.	Name and Address of New Registere	Fee Required d Agent	<u> </u>	
			Name					
PATTERSON, BOND & LATSHAW P 3010 S THIRD ST			Street A	Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32250			City	FL Zip Code				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW After May 1, 20			E. Registered Agent signature required III FEE IS \$150.00 102 Fee will be \$550.00 ble to Department of Stat		10. Election Campaign Financing \$5.00 May Be			
11.	OFFICERS AND D	IRECTORS	12.	AC	DDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD MARTIN, JOHN KELL 3460 TUXEDO RD, NW ATLANTA GA	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LELINE, A, WESTCOTT JR. 590 MEADOWS CREEK DR ALPHARETTA GA 30005	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC MORESHEAD, BRENDA L 6244 S SUMMER CIRCLE DOUGLASVILLE GA	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
FITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME Street address City-St-Zip	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
of the cor	certify that the information supplied with the on this report or supplemental report is transfer or trustee empower, or on an attachment with an address, with	rue and accurate and that my rered to execute this report as	i signature shall ha	ive the same l	enal effect as if made under oath: that	Lam an officer of	or director	

1.7.02

Daytime Phone #