2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # P12861** Jan 27, 2000 8:00 am Secretary of State 1. Entity Name **RUYS & COMPANY** 01-27-2000 90076 033 ***150.00 Mailing Address Principal Place of Business 200 ATLANTA FINANCIAL CENTER SOUTH 200 ATLANTA FINANCIAL CENTER SOUTH 3333 PEACHTREE ROAD, N.E. 3333 PEACHTREE ROAD, N.E. ATLANTA GA 30326-1070 ATLANTA GA 30326 2. Principal Place of Business 3. Mailing Address 4370 Peachtree Road 4370 Peachtree Road Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 100 Suite 100 Applied For City & State City & State 4. FEI Number 58-1555877 Atlanta, Georgia Atlanta, Georgia Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 30319 Fee Required 30319 IISA USA 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition PTD TITLE TITLE ☐ Delete RUYS, JOHN PETER NAME NAME STREET ADDRESS STREET ADDRESS 4605 BERKELEY WALK POINT CITY-ST-ZIP CITY-ST-ZIP BERKELEY LAKE GA 30096 Addition VSD ☐ Delete TITLE ☐ Change TITLE NAME GAME, PAMELA N. NAME STREET ADDRESS STREET ADDRESS 1067 SHERIDAN PARK CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30324 Addition TITLE Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 trustee empowered be execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with an a dress, w all other like empowered. changed, or on an attachmen

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

INTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

귀[[]]Peter Ruys

17 January 2000

404-231-3572

☐ Change

☐ Addition

Daytime Phone #