FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 08, 2000 8:00 an **DOCUMENT # P15327** Secretary of State 1. Entity Name JHK SYSTEMS, INC. 02-08-2000 90179 025 ***150.00 Mailing Address Principal Place of Business 609 S 20TH ST IRONDALE P.O. BOX 100245 AUU19776 BIRMINGHAM AL 35210-0245 BIRMINGHAM AL 35210. US 2. Principal Place of Business 3. Mailing Address THE PROPERTY OF THE PARTY OF TH 4717 ALTON COURT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applica : 63-0662598 4. FEI Number City & State City & State Not Agg Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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 City 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 **\$IGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible . FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 .. -Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to 5 承 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN I 11. OFFICERS AND DIRECTORS ☐ Change TITLE Delete TITLE JOHNSON, ROBERT M. NAME NAME 3532 SHANDWICK PLACE STREET ADDRESS STREET ADDRESS **BIRMINGHAM AL** CITY-ST-ZIP CITY-ST-ZIP SD Delete Change TITLE TITLE CLASS TERMS NAME 3532 SHANDWICK PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL** CITY-ST-ZIP SECRETARY Change □ . Delete_ TITLE TITLE DAVIS, W.J. NAME NAME 460 HODGENS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PELL CITY AL 35125 CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE COLLINS, C. MICHAEL NAME NAME 7561 CARRIAGE COVE STREET ADDRESS STREET ADDRESS TRUSSVILLE AL 35173-2834 CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Delete TITLE HURD, ALFRED E NAME NAME **560 RIVER OAKS DRIVE** STREET ADDRESS STREET ADDRESS **CROPWELL AL 35226** CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change TITLE JOHNSON, WILLIAM O NAME NAME 3006 ENGLISH OAKS CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL 35226** 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 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 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 21 changed, or on an attachment with an address with all other like empowered. 02/01/00 (205)951 (SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #