2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR

FILED Apr 28, 2001 8:00 am Secretary of State **DOCUMENT # P16217** ONESOURCE FACILITY SERVICES, INC. 04-28-2001 90062 013 ***150.00 Principal Place of Business Mailing Address C/O CARLISLE MANAGEMENT SER. INC 1600 PARK WOOD CIR 4800 N FEDERAL HWY JOCTOR STE 400 ATLANTIC GA 30339 **BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 200B 4. FEI Number City & State City & State Applied For 13-3083344 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST. STE. 105 TALLAHASSEE FL 32301 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 TE: Registered Agent signature required when reinstating) 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, 2001 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 CR2E034 (10/00) TITLE TITLE NAME NAME TURNER, EDDIE STREET ADDRESS STREET ADDRESS 1600 PARKWOOD CIRCLE #400 CITY-ST-ZIP CITY-ST-ZIP atlanta ga 30339 TITLE Change TITLE Richard Kissane WILLIAMS, GEORGE NAME NAME 1600 Parkwood Circle # 400 STREET ADDRESS STREET ADDRESS 1600 PARKWOOD CIR 400 Atlanta, GA 30339 MChange CITY-ST-ZIP CITY-ST-ZIP ATLANTIC GA 30339 TITLE Delete TITL LEVINE, STEVEN NAME 4800 N. Federal Hwy. # 200B STREET ADDRESS STREET ADDRESS 4800 N FEDERAL HWY 400: CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33431 Change Addition TITLE ☐ Delete TITLE OLBERT, ANN NAME 4800 N. Federal Hwy. # 200B STREET ADDRESS STREET ADDRESS 4800 N FEDERAL HWY 400-CITY-ST-ZIP CITY-ST-ZIF BOCA RATON FL 33431 TITLE ☐ Delete TITLE Change ☐ Addition NAME GAZE, PETER NAME STREET ADDRESS STREET ADDRESS 4800 N FEDERAL HWY, #200B CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** TITLE Delete TITLE □ Change ☐ Addition GEBHARD, ROGER NAME STREET ADDRESS 4800 N FEDERAL HIGHWAY #200B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

R DIRECTOR

10/01 561-368-3899