2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # P18150** Mar 02, 2000 8:00 am 1. Entity Name **Secretary of State** BASS MANAGEMENT SERVICES, INC. 03-02-2000 90106 001 ***150.00 Principal Place of Business Mailing Address THREE RAVINIA DRIVE THREE RAVINIA DRIVE SUITE 2900. C/O CORPORATE TAX SUITE 2900, C/O CORPORATE TAX ATI ANTA GA 30346-2149 ATLANTA GA 30346-2143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 58-1758340 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 30346-2149 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 DATE (NOTE: 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, 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 OFFICERS AND DIRECTORS 11. PN ☐ Change Addition TITLE Delete TITLE ARASI, THOMAS NAME NAME STREET ADDRESS THREE RAVINIA DRIVE #2900 STREET ADDRESS CITY-ST-ZIP ATLANTA GA CITY-ST-7IP ☐ Addition מע ☐ Delete TITLE Change Change TITLE RICHARD L. SOLOMONS MACFARLANE, ANDREW THREE RAVINIA DRIVE, SUITE 2900 THREE RAVINIA DR., SUITE 2900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA GA CITY-ST-7IP ATLANTA, GA 30346-2149 D۷ ☐ Addition Change TITLE ☐ Delete TITLE CORR. MICHAEL NAME THREE RAVINIA DR., SUITE 2900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA GA CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE CHITTY, ROBERT NAME STREET ADDRESS THREE RAVINIA DR., SUITE 2900 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF atlanta ga TITLE ☐ Change Addition TITLE ☐ Delete BRETTSCHNEIDER, THOMAS H NAME NAME STREET ADDRESS THREE RAVINIA DR., SUITE 2900 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP atlanta ga

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

KACENA, JAMES L

ATLANTA GA

THREE RAVINIA DR, SUITE 2900

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAMED & SIGNING OFFICER OR DIRECTOR

☐ Delete

2/21/00

(710) 604-2000

Daytime Phorie #

☐ Change

Addition